

AN EXPLORATORY STUDY OF SELF-CARE AND WELLNESS IN
EARLY CAREER FEMALE PSYCHOLOGISTS

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

OF

RUTGERS

THE STATE UNIVERSITY OF NEW JERSEY

BY

AMANDA H. MARTIN, PSY.M.

IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE

OF

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ABSTRACT

Professional distress and impairment have been identified as significant problems in the field of psychology. Recent research studies have shifted from assessing the prevalence rates of distress and impairment in psychologists to investigating self-care as a preventive measure. The present study explores the ways in which early career female psychologists practice self-care and maintain wellness. Ten female psychologists who received their doctorates in psychology within the last seven years took part in in-depth, semi-structured interviews that examined the role of self-care in their personal and professional lives. For the purposes of this study, self-care was defined according to Faunce's (1990) conceptualization of self-care for feminist therapists. Interviews were transcribed from audiotapes and brief narrative cases were highlighted in order to present a representative picture of the unique professional choices of each participant. Qualitative analysis of the data revealed a number of themes characterized as follows: 1) challenges associated with the early career phase, 2) emotional self-care, 3) physical self-care, 4) self-care through “play,” 5) cognitive self-care, 6) spiritual self-care, and 7) recommendations to other early career psychologists. Major points of discussion include 1) connections to others, 2) boundaries between professional and personal lives, 3) coping with guilt, 4) female mentoring, and 5) pursuing activities outside of psychology. All of these factors relate to the well-being of female psychologists in the beginning stages of the profession. Limitations of the study, implications for the field of psychology, and implications for future research are also addressed. The results of the study can be used to inform training programs and professional organizations seeking to promote self-care and wellness in early career female psychologists.

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DEDICATION

I dedicate this work to the women in my family, Marion MacKinnon, Doris Martin, Karen Martin, Elizabeth McKeever, and Katherine Martin. You serve as models of strong, talented women who have been able to successfully balance multiple roles as grandmothers, mothers, wives, friends, and professionals while also making time in your busy schedules for laughter and fun.

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CHAPTER I

INTRODUCTION

Statement of the Problem

The goal of this study is to develop a better understanding of the personal and professional choices that early career female psychologists make regarding self-care and wellness. A growing body of literature addresses not only the professional distress and impairment that many psychologists experience, but also the importance of self-care for mental health professionals. However, there is a lack of research that examines how female psychologists in the beginning phases of the profession practice self-care and view wellness.

Prevalence of Distress and Impairment

Despite efforts by the American Psychological Association (APA) to reduce professional distress and impairment in psychologists, research studies suggest that they remain a significant problem in the field of psychology. In a 1985, Deutsch solicited mental health professionals' self-reported data of their experiences of distress. As part of the study, a mail survey was sent to 642 therapists whose names were obtained from various mental health clinics, hospitals, and counseling centers in the state of Iowa. The return rate for the survey study was 49%, and the final sample consisted of 264 participants. Of the sample, 82% of participants reported that they were undergoing

relationship difficulties and 47% reported that they had sought psychotherapy for these issues. Fifty-seven percent of participants reported that they had been distressed and/or depressed at some point in their careers, and 11% had taken psychotropic medication in order to mitigate symptoms of anxiety and depression.

In another important study, Guy, Poelstra, and Stark (1989) assessed the impact of psychotherapists' personal distress on the quality of treatment provided to their clients. The researchers sent an anonymous nationwide survey to a random sample of 749 psychologists who were active members of APA Divisions 12 (Clinical), 29 (Psychotherapy), and 42 (Independent Practitioners). The number of respondents was 318, with a 44% usable rate. Of the participants, 74.3% reported that they had experienced personal distress over the past three years, and of these respondents, 36.7% indicated that their distress had a negative effect on the quality of care they provided to their patients.

Negative Effects of Distress and Impairment

Personal and professional distress and impairment can lead to severe problems and conflicts for those individuals who do not seek help. The APA (2002) directly addresses the issue in the *Ethical Principles of Psychologists and Code of Conduct*. Ethical standards 2.05 and 2.06 in the code state that it is the ethical responsibility of every psychologist to take precautions when undergoing personal problems or conflicts:

- 1) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner; and 2) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take

appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (APA, 2002, p. 1064)

Failure to obtain assistance can result in negative consequences such as the loss or temporary suspension of one's license, expulsion from professional organizations, and involvement in civil suits. Besides for the ethical and legal implications, professional impairment can be personally devastating: it can destroy relationships, foster mental and physical problems, damage self-image, and, in severe circumstances, even cause death (resulting from problems in physical health or suicide).

Significant prevalence rates of distressed and impaired psychologists draw attention to the need for a more specific understanding of the potential issues and obstacles that psychologists face during different stages of their career. Although some studies focus on distress and impairment among graduate students, psychology interns (Turner et al., 2005), and mental health professionals as a whole (Coster & Schwebel, 1997; Deutsch, 1985; Guy et al., 1989; Mahoney, 1997; Sherdan, 1996), very little research looks at the issue as it relates to early career psychologists.

Stressors Faced by Early Career Psychologists

Early career psychologists make important professional choices that affect their quality of life. Typical challenges for this cohort are paying back student loans, developing a networking system, carrying heavy workloads, securing clientele, and balancing family and professional responsibilities. In order to earn a steady income and receive health insurance, many early career psychologists start or join private practices, maintain part-time or full-time jobs as clinicians at schools, hospitals, or clinics during

the day, and see clients during night or weekend hours. In addition, early career psychologists must learn to deal with the growing demands of managed healthcare companies and network with colleagues and members of other professional organizations. Beginning a career as a psychologist can be an exciting and rewarding endeavor; however, it can also be overwhelming. Furthermore, professional females often have different self-care choices to make than their male counterparts. Yet, there are no studies that investigate the role that self-care and wellness play in the prevention of distress in early career female psychologists.

Purpose of Study

The purpose of the study is to explore the thoughts, feelings, and experiences of early career female psychologists in order to gain a better understanding of the unique professional and personal challenges that they face. In addition, the study examines the means used by early career female psychologists to maintain wellness in an emotionally intense profession that calls for the constant care-taking of clients with a wide range of problems. Early career female psychologists are particularly vulnerable to the stresses of the profession because in general, women are relational and define themselves by their emotional connections with others. As such, females tend to prioritize others' needs, fearing that if they prioritize their own personal wants, they will lose meaningful relationships. Consequently, early career female psychologists contend with different stressors than their male counterparts or seasoned female psychologists who are more adept at making self-care decisions. As a result, understanding early career female

psychologists' views on wellness and self-care practices is important to the development of programs that address these issues.

Personal Introduction

This dissertation stems from a personal interest in the promotion of wellness in female psychologists. As a female graduate student who has recently entered the field of professional psychology, I believe it is important to understand the self-care practices of psychologists. My interest in this issue was piqued before graduate school, when I served as a summer intern at the New Jersey Board of Psychological Examiners. While attending board meetings, I heard mental health clients' complaints about psychologists who had acted in an unethical manner. The majority of these psychologists could be classified as distressed due to the various personal issues with which they were dealing, such as divorce, substance abuse, and "burnout" (i.e. fatigue, apathy or depression resulting from prolonged stress or overwork). It was perplexing to me that professionals trained to help others with their emotional, physical, and cognitive needs had difficulty reaching out to their own family, friends, and colleagues for assistance before their problems escalated to the level of professional impairment.

As a graduate student in clinical psychology, I have a better understanding of the intense nature of direct clinical work. I also recognize that feeling stressed or overwhelmed is not an uncommon experience for mental health professionals who are dealing with emotionally taxing clinical situations.

Fortunately, in my first year of graduate school, I enrolled in a professional development course that emphasized the importance of self-care for psychologists. As a

project for the class, my group interviewed faculty members, many of whom were involved in direct clinical work, about the topic of self-care. Our group found much variation among participant responses, and each faculty member had a unique means of maintaining his or her well-being. Learning how seasoned, licensed psychologists practice self-care was extremely helpful to me, but I was surprised and disappointed that no further graduate education regarding self-care would be forthcoming. Personally, I wanted to know more about how individuals in the field cope with the stress associated with such an emotionally demanding profession and at the same time, balance their roles as professionals, partners, spouses, and parents.

Studying relational theory and working with women's issues also had an influence on my topic choice of self-care and wellness in early career female psychologists. I developed a specific interest in the self-care practices of female psychologists who are in the beginning stage of the profession; I wondered how these women made decisions about family and career, and managed to find time for themselves in their busy schedules. However, I found a paucity of research in the literature regarding these topics. Thus, this project derives from a need to address more closely the experiences of early career female psychologists regarding their own self-care and well-being. Hopefully, as a result of this study, we can better attend to the unique problems faced by these individuals and develop programs in order to effectively promote wellness in women embarking on their professional careers as psychologists.

CHAPTER II

LITERATURE REVIEW

Historical Overview of Distress and Impairment

In 1980, The American Psychological Association (APA) first addressed the issue of professional distress and impairment in psychology. Colleagues of impaired psychologists drew attention to the problem by reporting the substandard and unethical practices of their distressed co-workers to state and national licensing boards (Coster, 1994). In addition, the published revelations of psychologists Norman Endler, who struggled with bipolar disorder, and Carl Rogers, who suffered from depression, raised public awareness about mental health professionals' experiences of distress (Kirschenbaum, 1979). In response to the issue, the APA stated, "It is the responsibility of organized psychology to assist colleagues who are often stressed in their work by personal conflicts that interfere with effective professional functioning and place their clients, students, and supervisees at risk" (Nathan, Fowler, & Thoreson, 1981).

In 1981, the Board of Professional Affairs (BPA), the policy-making branch of the APA, held an open forum at the APA Convention in an effort to gather information on the topic of distressed and impaired psychologists in order to make appropriate recommendations for dealing with the problem. The BPA established The Steering Committee on Distressed Psychologists, a group of psychologists designated to create an organization that would provide assistance to distressed psychologists. In 1982, The

Steering Committee proposed the creation of a non-profit program, Volunteers in Psychology (VIP; Laliotis & Grayson, 1985). The VIP's main objective was to offer a wide range of supportive services to distressed psychologists dealing with professional and personal conflicts (Kilburg, Nathan, & Thoreson, 1986). For many years, however, the APA governance was resistant to providing the resources and funding needed to implement programs proposed by the VIP. Ultimately, the decision was made to place the responsibility for the creation and implementation of services for distressed and impaired psychologists under the jurisdiction of state psychological associations, with the APA serving as consultant (Kilburg et al., 1986).

Currently, the *Ethical Principles of Psychologists and Code of Conduct* states that it is the ethical responsibility of every psychologist to seek out consultation or assistance when experiencing personal problems or conflicts (APA, 2002). However, research studies have revealed that in many states, there is a lack of services for distressed and impaired psychologists. Barnett and Hillard (2001) examined the range of services and resources provided by state psychological associations (SPPAs) to distressed psychologists and discovered that between the years of 1998 and 1999, 69% (41 of 59) of SPPAs reported that there were no colleague assistance programs in their jurisdictions. Out of the 69% of SPPAs without programs, 24% indicated that they had had programs in the past, but these programs were discontinued due to the following reasons: lack of use (70%), risk of liability (10%), lack of volunteer support (10%), and unknown reasons (10%). Eighteen states reported that they had some form of colleague assistance for psychologists; however, the use and type of services varied greatly. Ultimately, the

findings suggested that services for distressed and impaired psychologists were either nonexistent or underutilized.

Definitions of Distress and Impairment

There are several definitions of professional distress and impairment in the literature. Although a clear distinction exists, there has been some confusion regarding the meaning of these terms. Distress is characterized as a subjective experience of mental or physical anguish, and impairment is conceptualized as an objective change in professional functioning (Schwebel, Skorina, & Schoener, 1988). Distress does not always lead to impairment, but impaired professionals typically experience some form of personal distress, such as mental illness, “burnout,” addiction to substances, or the loss of a loved one.

Distress and impairment are associated with different causal factors (Sherman, 1996). For example, Guy (1987) describes impairment as the “deterioration of therapeutic skill and ability due to factors which have sufficiently impacted the personality of the therapist to result in potential clinical incompetence” (p. 199). Laliotis and Grayson (1985) include interpersonal factors in their definition of impairment, which is described as “interference in professional functioning due to chemical dependency, mental illness, or personal conflict” (p. 85). Sherdan (1996) categorizes impairment as consisting of three main subcategories: substance abuse, sexual misconduct, and emotional problems. Impairment has also been defined more broadly as “a decline in quality of an individual’s professional functioning resulting in consistently substandard performance” (Coster, 1994, p. 8).

More recently, The Advisory Committee on Colleague Assistance (ACCA) provided an APA-endorsed model for conceptualizing professional distress and impairment (ACCA, 2001). The ACCA model posits that distress and impairment exist on the following continuum: Stress→Distress→Impairment→Improper Behavior→Intervention/Sanction. According to this model, psychologists coping with greater amounts of stress than the average individual are at greater risk for distress, impairment, and engagement in unethical behavior. However, the model also suggests that intervention at the “stress” or “distress” stages prevents negative consequences, such as suspension or loss of license and financial ruin.

Vulnerability of Early Career Psychologists

The APA (2007, para. 1) defines early career psychologists as those individuals who are within seven years of receiving their doctorates in psychology. The early career phase of professional development can be a stressful time for many psychologists. According to Millon, Millon, and Antoni (1986), the most common occupational routes taken by psychologists who are in the beginning stages of their career are: 1) working as an employee in an institutional setting and, 2) working in private practice. These two employment settings have certain advantages and disadvantages. For example, working as a member of an institution provides a built-in support network, a set salary with health insurance/benefits, and a more structured and secure lifestyle; however, there is less flexibility in one's schedule and less opportunity to make swift financial gains. Furthermore, dealing with institutional bureaucracy may create stress for early career psychologists new to their positions; meeting expectations of supervisors and other

medical professionals along with managing heavy caseloads and large amounts of paperwork can take a significant physical and emotional toll.

Conversely, independent practitioners have a greater role in determining their work hours, but often experience stress related to starting and maintaining a private practice. Networking, obtaining referrals, joining managed care panels, dealing with insurance paperwork, and working long hours and weekends are all burdensome tasks associated with sustaining a practice. In addition, many early career psychologists choose to work part-time or full-time at an institution while starting practices and must therefore meet the demands of both professional settings.

Regardless of the occupational route taken, early career psychologists are expected to learn the skills necessary to become competent, ethical professionals in addition to taking care of personal obligations. The 2006 chair of APA's Committee on Early Career Psychologists, El-Ghoroury, asserts: "The main concerns of this group include financial and debt-load issues, balancing work and family, licensure, and career questions" (Munsey, 2007, p. 12).

The APA recently published the results of a survey that assessed issues relevant to being an early career psychologist (APA, 2008). The majority of participants had significant debt from student loans. The average amount of debt was \$64,981, and participants under the age of 30 had the highest level of debt. Thirty-four percent of respondents reported that their graduate programs did not provide adequate information about licensure. The study also found that the following factors affected participants' professional choices: 1) health, 2) health of spouse or child, 3) responsibilities as a parent, 4) family responsibilities, 5) marriage/divorce, 6) care-giver responsibilities, 7)

relocation for spouse's job, 8) relocation for internship, 9) finances, and 10) availability of a formal post-doctoral position.

Vulnerability of Female Psychologists

According to relational psychology, women establish wellness in their lives through connections with others (Gilligan, 1993; Jordan, Walker, & Hartling, 2004). Gilligan (1993), a feminist psychologist, offers a human developmental model that varies from the masculine models of development that came before, ones in which autonomy, rather than relationships with others, serves as a key developmental milestone. Gilligan (1993) asserts that “women not only define themselves in a context of relationship, but also judge themselves in terms of their ability to care” (p. 17).

Similarly, in her writings from the Stone Center, Jordan (2004) posits that “the yearning for and movement toward connection are seen as central organizing factors in people's lives and the experience of chronic disconnection is seen as a primary source of suffering” (p. 11). She claims that the fear around the loss of connection to meaningful objects can cause psychopathology.

In traditional gender contexts, adults encourage young females to express emotions in order to foster relationship building. At an early age, girls are taught to value “relational competence,” or the ability to affect change in relationships and promote well-being for involved members (Jordan, 2004), to prepare them for their future roles as caretakers, wives, and mothers. According to Chodorow (1978), girls' identities are based on similarity and attachment to mothers, and boys' identities are built on difference, separateness, and independence from their mothers. Females learn that the

maintenance of meaningful relationships requires a prioritization of others' needs before their own. Miller (1986) writes:

Women constantly question confront themselves about giving. Am I giving enough? Can I give enough? Why don't I give enough? They frequently have deep fears about what this would mean to them. They are upset if they feel they are not givers. They wonder what it would be like to stop giving, to even consider not giving. The idea is too frightening and the consequences too dire to consider. (p. 50)

The ability to compromise is a useful skill in the formation and preservation of relationships; however, it can be dysfunctional when individuals are continually unable to get their needs met. Miller (1986) posits, "Women have been so encouraged to concentrate on the emotions and reactions of others that they have been diverted from examining and expressing their own emotions" (p. 39). As such, it seems likely that female therapists, who are directly involved in "emotion work" (Zapf, 2002) may be at greater risk for distress than professional females in less emotionally demanding professions. Being a psychologist calls for the constant care-taking of others. When female psychotherapists are unable to assert themselves or have difficulty getting their needs met at work or at home, there is an increased likelihood of emotional exhaustion, boundary violations with clients, and substance abuse. Thus, female psychotherapists who are able to set limits with others and engage in good self-care practices may be less vulnerable to distress than female psychologists who are unable to set firm boundaries and regularly push their own needs aside.

In the 2002 annual report from the Committee on Women in Psychology, issues around personal distress and impairment as they relate to women were identified. The committee made the following conclusions:

1) Women are often the primary caregivers in their families and the demands of care giving compete with work, 2) stereotypes and expectations about women as caregivers are more likely to create issues in therapy for women than for men, and 3) pregnancy, maternity leave, and postpartum depression are not adequately addressed currently in education and training. (APA, 2002)

Many female therapists balance obligations at work with their role as the primary caretaker of the family. Despite the fact that there is a growing acceptance of the “working mother,” females who choose to pursue their careers while raising children may experience role strain, especially when children are of pre-school age (Mackie, 1991). In addition to wage work, working mothers perform 75% of the domestic work and 70% of childcare duties (Eyer, 1996). A study on household division of labor estimated that women work an extra twenty-four days or more than their male partners, enough time to constitute a second unpaid work-shift (Hoschschild, 1989). The results of the study also indicated that women who took on additional domestic tasks in an effort to maintain cohesiveness in their families tended to be chronically exhausted, frequently ill, and experienced a decrease in sex drive. Lerner (1994) suggested that inflexible work hours, limited parental leave policies, and lack of child-care support policies led to increased stress levels in female professionals.

Because of their training, many female psychologists are aware of the negative impact that neglectful parenting can have on children. "Good-enough-mothering" is a term commonly used in psychology and refers to the provision of an adequate care-giving environment that minimizes negative emotional experiences for the child (Winnicott, 1965). During graduate school, many psychology students are taught that a failure to provide "good-enough-mothering" can lead to psychological problems. Students also

learn about the importance of attachment, which Eyer (1996) defines as “an instinctual behavior that programs a child to stay close to its caregiver as a means of survival...” (p. 69), and many utilize the concept of attachment for the purposes of conceptualizing clinical cases. Consequently, female psychologists who are also mothers may be susceptible to feelings of guilt when they choose to engage in work-related tasks instead of child-rearing tasks.

In the literature on distress and impairment in mental health practitioners, there is evidence that women and men cope differently with stress. In the 2007 Survey on Early Career Psychologists (APA, 2008) females were more likely than males to be negatively impacted by family responsibilities, caregiver responsibilities, and their spouse’s job (having to relocate). In one study, female practitioners rated sources of help involving supervision and relationships more highly than did male practitioners (Coster, 1994). In another study, women reported more therapy involvement and medication use for relationship and depression problems than did men (Deutsch, 1985). Of those practitioners struggling with depression, women expressed greater concern about confidentiality than did men, which also suggested that they were concerned about others’ negative perception of their distress.

More recently, Gilroy, Carroll, and Murra (2002) examined psychologists’ perspectives on professional impairment in practice. A two-page questionnaire containing multiple items about impairment was mailed to a random sample of 1,000 therapists. Results of the survey indicated that 62% of participants identified themselves as depressed, with a significantly greater number of women reporting depression as compared to the men. Among the depressed females, 71.3% sought treatment for

symptoms and 24.8% did not. Comparatively, 61.7% of the male respondents reported that they sought treatment for their depression and 36.4% did not. The finding of the study suggests that there are significant differences between the manner in which male and female practitioners cope with distress.

Shift towards Self-Care and Wellness

A heightened awareness of distress and impairment in mental health practitioners has raised concern within the field of psychology. The response has been a growing body of literature promoting self-care for mental health professionals (Coster & Schwebel, 1997; Feminist Therapy Institute, 1990; Norcross, 2001; Porter, 1995; Schwebel & Coster, 1998). Many colleague assistance programs are underutilized or nonexistent (Bartlett & Hillard, 2001), which suggests that practitioners must be responsible for their own well-functioning. Psychotherapists must learn to recognize professional limitations and to implement self-care strategies.

Currently, there is recognition in the field of psychology that promoting self-care is a proactive way to target the prevention of distress and impairment in professional psychology. Carroll et al. (1999) assert, "there is a need to shift the focus beyond the recognition of distress and impairment in professionals to the advocacy of self-care and well-functioning" (p. 134).

In recent years, there have been several research studies on the topic of self-care for mental health professionals. For example, one study examined the "well-functioning" of professional psychologists, defining the term as functioning in a non-stressed or unimpaired manner (Coster & Schwebel, 1997). Several factors were found to be

associated with healthy coping, including social support and relationships, education, lifestyle, autonomy–interdependence, social-connectedness, personal therapy, and intrapersonal behavior based on a sample of professional psychologists. In addition, self-awareness and self-monitoring were found to be important factors in participants overall sense of wellness. Another study indicated that “stressed practitioners who perceive more rewards than hazards may be less likely to experience burnout and decreased productivity” (Kramen-Kahn & Hansen, p. 132, 1998). The authors suggested the following strategies for the prevention of occupational stress: maintain a sense of humor, spend time with compatible colleagues, prioritize leisure activities, consult with colleagues, and "practice what you preach."

In a survey by Mahoney (1997), 155 psychotherapists identified pleasure-reading, physical exercise, hobbies, and recreational vacations as the most commonly employed stress-relieving activities. The authors found that other less frequently utilized but common self-care practices were meditation, prayer, physical exercise, and volunteer work. In addition, 90% of participants utilized personal psychotherapy as a way to cope with stress.

Guy and Norcross (1998) published an article entitled, “Therapist Self-Care Checklist,” in which they provide recommendations for self-care drawn from various theoretical orientations in psychology. The authors put forth several strategies for wellness, including nurturing relationships inside and outside the office, setting boundaries/clarifying relationships, employing cognitive restructuring, recognizing hazards of the “impossible profession,” and refocusing on the rewards of practicing

psychotherapy. Within each of these categories, the authors provided practical advice that can be used as a guide.

Subsequently, Norcross (2000) compiled a list that is entitled, "10 Essential Self-Care Strategies." Many of the strategies overlap with those provided in Guy and Norcross' check-list with the addition of the following factors: "embrace strategies from diverse theoretical orientations" and "avoid wishful thinking and self-blame" (p. 710). Norcross' self-care recommendations were later used by Turner et al. (2005) to create a survey that addressed intern self-care for psychology graduate students. The study found that the most frequently employed self-care strategies were family and friend social support, active problem solving, and humor and the most effective strategies used were family and friend social support, seeking pleasurable experiences, and humor.

In their writings, Sapienza and Bugental (2000) provide a metaphor regarding musicians tuning their instruments and psychotherapist self-care. The authors posit that musicians tune their instruments "daily and ceaselessly" in an effort to form a deep and meaningful connection to their music. Similarly, psychotherapists seek out communion with their life force, which according to the authors, is the instrument that provides clients with guidance while they are in treatment. Attempting to solve client issues is contradictory to a major principle in existential-humanistic therapy: humans are responsible for their own lives. Developing a *pou sto* or "place where we stand" helps psychotherapists to remain calm and grounded. Sapienza and Bugental posit that it is when professionals stray from this mindset that they are more susceptible to stress.

Gender and Therapist Self-Care

Although scarce, there have been some studies that discuss the implications of gender in regards to therapist self-care. Carroll et al. (1999) concluded, “Despite the perception that self-care is especially problematic for female psychotherapists, research indicates that we are less ambivalent about practicing self-care and engaging in personal therapy than male practitioners” (p. 133). In a study by Kramen-Kahn and Hansen (1998), female therapists utilized more coping strategies in order to deal with their stress and implemented more personal rewards for accomplishments met than male therapists. In general, the research suggested that female practitioners tend to utilize personal therapy more frequently than male practitioners (Gilroy et al., 2002; Mahoney, 1997). Another study found that female therapists sought professional massages and chiropractic services more frequently than male therapists (Mahoney, 1997).

A promising development for the promotion of self-care among female psychologists is the publication of the Feminist Code of Ethics (Feminist Therapy Institute, 1990). Developed by feminist therapists who felt that traditional psychology approaches to ethical issues were too passive (Brown, 1990), the code creates a set of guidelines for feminist therapists that can be applied to all female professionals working in mental health. Under the guideline “therapist accountability,” the code states:

A feminist therapist engages in self-care activities in an ongoing manner. She acknowledges her own vulnerabilities and seeks to care for herself outside of the therapy setting. She models the ability and willingness to self-nurture in appropriate and self-empowering ways. (Feminist Therapy Institute, 1990, p. 41)

The Feminist Code of Ethics is unique because unlike other documents, it asserts that therapist self-care is more than a personal obligation; it is an ethical imperative as well.

According to the model, self-care serves three primary functions: 1) protecting clients by reducing the risk factors commonly linked with ethical violations 2) enhancing therapy by promoting and modeling well-being, and 3) protecting therapists against burn-out and enhancing the balance between caring for self and others (Porter, 1995).

In her writings on self-care and wellness, Faunce (1990) discusses the positive aspects of becoming a well-balanced, self-nurturing therapist. She indicates that the degree to which therapists practice self-care is an indicator of their ability to foster well-being in clients. She also believes that self-nurturing therapists serve as positive role models for their clients. Finally, when therapists are in tune with their own thoughts and feelings, they are better able to distinguish between their needs and their clients' needs. Therapists tend to violate boundaries with clients when they project their own neediness onto clients. Consequently, self-care actually helps to maintain a good therapeutic relationship.

The American Psychological Association of Graduate Students (APAGS) provides a webpage devoted to the issue of wellness among psychology students which includes resources for female graduate students and practitioners, such as a collection of articles on mentoring, balance, and self-care (APA, 2007). One of the articles specifically addresses the role of female psychologists in the profession. The author, Williams-Nickelson (2001) notes the occurrence of rapid feminization in the field of psychology and the need for female mentors. As a practitioner in the field, she makes the following observations: 1) there is a noticeable deficit of women serving in leadership roles, 2) professional women in leadership roles have to make personal sacrifices for their careers, and 3) many professional women in leadership positions in psychology are childless.

More recently, Williams-Nickelson (2007) created an e-mail listserv primarily for female graduate students in psychology. The purpose of the APAGSWOMEN listserv is to provide a forum to discuss issues related to “self-care, raising children, establishing and sustaining meaningful relationships; developing leadership skills of women, developing mentoring relationships; learning strategies for balancing and merging personal and professional roles; all as it relates to women in psychology” (Williams-Nickelson, 2007, para. 2). The listserv is intended to provide a support system for female psychology students in an effort to promote wellness in female psychologists.

Conclusion

The field of psychology has made major advancements in addressing self-care and wellness among professional psychologists. Yet, there is no research that examines self-care among female psychologists in the early stages of their career. The purpose of the present study is to explore the ways in which early career female psychologists view wellness and practice self-care. In this study, self-care is conceptualized according to Faunce’s (1990) model of therapist self-care, which consists of four domains: emotional self-care, physical self-care, self-care through play, and cognitive self-care. In this model, "emotional self-care" refers to the open expression of thoughts and feelings and an engagement in self-nurturing behavior. "Physical self-care" refers to the mind-body connection, as well as appreciation for the body through fitness, and nutrition. "Self-care through 'play'" refers to the development the creative, playful side of the self through enjoyable pursuits such as vacationing, attending concerts, dining with friends, and participating in community events. "Cognitive self-care" refers to an awareness of

socialization processes and an exploration of feelings and professional issues with colleagues. In addition to these four domains, "spiritual self-care" has been incorporated by the researcher and refers to the positive impact of spirituality on emotional and physical well-being.

CHAPTER III

METHODOLOGY

Introduction to Qualitative Approach

The study examined self-care and wellness in early career female psychologists using a qualitative, exploratory approach. Social scientists employ qualitative research methods when traditional, quantitative methods are unsuitable for the research topic under question. Many argue that qualitative research methods provide a rich description of human experience that quantitative methods are unable to offer (McCracken, 1988; Patton, 2002).

Other differences between qualitative and quantitative methods have been identified in the literature. Disparities include the treatment of analytic categories, the data-reporting abilities of the participants, and the number and type of respondents recruited for the research (Marshall & Rossman, 1995; McCracken, 1988; Pidgeon & Henwood, 1997). Quantitative approaches are concerned with isolating and defining categories in order to determine relationships between specific variables or quantities that come from large sample sizes (Patton, 2002). Conversely, the primary goal of using a qualitative approach is to gather descriptive information in an effort to define categories and identify themes that emerge from information provided by a small sample of participants (Fishman, 1999; McCracken, 1988).

A qualitative approach can be especially useful when the research aims to attain a knowledge base on a subject that has been little researched rather than to test a specific hypothesis (McCracken, 1988; Patton, 2002; Strauss & Corbin, 1998). In addition, qualitative approaches take into account the phenomenology of experience by focusing on individuals rather than groups (Patton, 2002). Instead of reducing participants' responses to numbers that can be analyzed using statistical methods, qualitative methods attempt to capture the unique viewpoints of the participants in the study (McCracken, 1988; Patton, 2002). The collection of data using qualitative techniques allows for themes and patterns to develop and interpretation and hypothesis-building to occur (McCracken, 1988; Strauss & Corbin, 1998).

"Grounded theory" is a methodological concept developed for the analysis of qualitative research (Strauss & Corbin, 1998). In this approach, theory is "derived from data, systematically gathered and analyzed through the research process" (Strauss & Corbin, 1998, p. 12). The employment of grounded theory methodology calls for openness on the part of the researcher, who is considered an important tool in data collection and analysis (Patton, 2002; Strauss & Corbin, 1998). The approach acknowledges that the researcher's presence in the study, as well as their critical thinking skills and creativity, influence the research design and results (Patton, 2002; Strauss & Corbin, 1998).

Participants

The American Psychological Association (APA) defines early career psychologists as individuals who are within seven years of receiving their doctorate in

psychology (Munsey, 2007, para. 1). Using this criterion, the participants recruited for the study were females who graduated from psychology doctoral programs between the years 2000-2007. The Participants were solicited using a network approach. Firstly, letters providing a description of the study and contact information of the researcher were sent to members of the New Jersey Psychological Association (NJPA) who were listed in the member directory and were potential candidates for the study. A recruitment letter (Appendix A) was also sent to alumni of the Graduate School of Applied and Professional Psychology (GSAPP) who were early career female psychologists.

Individuals interested in participating in the study were asked to contact the investigator by phone or electronic mail. The purpose and methods of the study were explained to all candidates over the phone. A time and place for interviews was established with all interested candidates who met inclusion criteria for the study.

Interviews were conducted at participants' homes or offices as well as over the telephone. Participants were told that interviews could be held at the Psychological Clinic at GSAPP, Rutgers University in Piscataway, New Jersey if they felt more comfortable with this option. Phone interviews were conducted in the researcher's office at the Psychological Clinic. The main goal was to find a location that insured privacy and offered participants the opportunity to speak freely about their experiences. Interviews lasted an average of 90 minutes and occurred over the course of one meeting or phone call.

In total, twelve individuals were interviewed. However, only ten interviews were included in the results section due to problems with sound on two of the audio cassettes. The age of participants ranged from 29-55 years. Nine of the participants had Psy.D.s

(Doctorate in Psychology) in Clinical Psychology (90%) and one participant had a Ph.D. (Doctorate of Philosophy) in Counseling Psychology (10%). Seven of the participants lived in New Jersey (70%), two individuals lived in California (20%), and one lived in Pennsylvania (10%). Ninety percent of participants identified as heterosexual (90%), and one participant identified as being a lesbian (10%). Of the ten participants, six were married (60%), two were engaged (20%), one was in a serious relationship (10%), and one was single (10%). The race and ethnicity of the subjects varied. Sixty percent of the participants identified as Caucasian, 20% as Latina, 10% as African-American, and 10% as Asian. In terms of religious affiliation, 50% of the participants identified as Catholic, 10% as Protestant, and 10% as Jewish. Thirty percent of the participants reported that they did not affiliate with one particular religion. Two of the participants reported that they are not US citizens, but attended psychology graduate programs in the United States and have lived in the country for an extended period of time. For a more detailed breakdown of participant demographics, please refer to Table 1. Because the participants in this study represent a heterogeneous sample, generalization to all early career female psychologists must be avoided.

Procedures

Data was collected through the use of a semi-structured interview schedule drafted by the investigator (Appendix D). The purpose of this method was to collect data in a focused, but open-ended fashion. The schedule was drafted after an in-depth review of the literature and discussion with advisors and colleagues. Basic demographic information was gathered; including age, ethnic background, religious affiliation, educational history, and occupational history.

Table 1
Demographic Information of Participants

Age

26-30 N=2	31-35 N=4	36-40 N=1	41-45 N=1	46-50 N=1	51-55 N=1
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Gender

Female N=10	Male N=0	Transgender N=0
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Ethnic /Cultural/Racial Self-Description

African American N = 1	Caucasian N = 6	Latina N = 2	Asian N = 1
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Sexual Orientation

Heterosexual N = 9	Lesbian N = 1
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Religious Affiliation

Catholic N = 5	Protestant N = 1	Jewish N = 1	No Affiliation N = 3
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Marital Status

Single N = 1	In a Relationship N = 1	Engaged N = 2	Married N = 6	Divorced N = 1 ¹
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Parental Status

No Children N = 4	Pregnant N = 1	One Child N = 2	More than One Child N = 2
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Occupational Status

Private Practice N = 4	Agency or Institution N = 2	Private Practice and Institution N = 3
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Not Currently Working N=1

¹ This participant was also included in the engaged category

The interview was based on Faunce's (1990) conceptualization of self-care for feminist therapists, which includes four key components: emotional self-care, physical self-care, self care through "play," and cognitive self-care. In addition, participants were asked about their religious and spiritual beliefs in order to assess their impact on participant self-care. The interview consisted of questions that inquired about participants' observations of other early career female psychologists, and asked for suggestions/recommendations for other mental health professionals and training programs looking to promote self-care in early career female psychologists.

Before beginning the interviews, the interview format was described to participants. Participants were presented with a consent form that included a written description of the study (Appendix C) and all questions and concerns were addressed. Participants were offered a copy of the written consent for their personal records. The written consent included a section that informed participants that they could terminate the interview and/or ask that the tape recorder be turned off at any time. The researcher reiterated to participants that they could withdraw from the study at any point in the study.

Data Analysis

The primary goal of data analysis was to identify patterns or themes that emerged from the qualitative interviews using a content analysis approach. Content analysis generally refers to "any qualitative data reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings" (Patton, 2002, p. 453). Data was reduced to smaller units that were contrasted with other

data in an effort to determine overarching themes. According to McCracken (1988) the purpose of qualitative research analysis is to “determine categories, relationships and assumptions that inform the respondent’s view of the world in general and the topic in particular” (McCracken, 1988, p. 42). This approach calls for a thoughtful and rigorous analysis of data; however, the investigator must remain open and flexible in order to account for the inclusion of information that might be difficult to categorize (Marshall & Rossman, 1989; McCracken, 1988).

The data for this study were verbatim transcripts of recorded interviews with participants. During each interview, hand-written notes were taken, and afterwards, the investigator recorded observations and personal reactions. The notes only represented a small portion of the data, but were used as a guide in identifying meaningful statements made during the interviews. All identifying information was removed and recordings were labeled with pseudonyms. Recordings were given to a professional transcriber, who then returned the tapes to the researcher and provided her with hard copies of the transcripts for purposes of analysis.

Analysis of the data proceeded according to the methods put forth by qualitative researchers, McCracken (1988) and Strauss and Corbin (1998). These authors assert that in data analysis, there is “movement from the particular to the general” (McCracken, 1988, p. 42). Grounded theory methodology was used as a conceptual guide (Strauss & Corbin, 1998). In this approach, the researcher is viewed as a "tool" in the study, and as having an impact on the research. However, it is important for the researcher to remain open and void of any preconceived notions regarding the topic under study.

The analytic process for qualitative research put forth by McCracken (1988) was employed. During the initial phase of research analysis, individual statements, or “observations,” were examined in each transcript. These individual observations were considered in light of other evidence within the transcripts and the literature review. During the second stage new, higher level “expanded observations” were produced. The third stage of analysis consisted of identifying interconnections between higher level observations with the overall intent of shifting focus away from transcripts towards observations themselves. In the final stages of data analysis, observations made in previous stages of analysis were “collectively scrutinized” for emerging patterns and themes (McCracken, 1988, p. 42; Strauss & Corbin, 2002).

CHAPTER IV

THE PARTICIPANTS

In this chapter, brief narrative accounts of the ten people who participated in this study are presented in an effort to provide a description of the participants' individual career paths within the field of psychology before the themes that emerged from the interviews are examined. This chapter includes information about participants' decisions to enter the field of psychology; their experiences in graduate school, during internship, and while obtaining their licenses to practice; and the various job positions they have held since graduating from their respective doctoral programs.

"Dana"

Dana works in a group private practice that emphasizes child-focused therapy, but provides adult mental health services as well. Dana's caseload in the group practice has grown over the past few years due to a growing number of client referrals. As such, she spends increasingly more time treating her private clients. Dana has also worked in an agency for the past two years assessing children for trauma and abuse. In total, she works approximately 40-45 hours per week.

Dana went directly from an undergraduate program to a clinical psychology doctoral program. She remembers the comprehensive exams in graduate school as the most challenging experience during that time: "I absolutely hated it. It was the worst

experience I have ever had...it is very difficult to have to study all that material and you get so anxious.”

During her third year in graduate school, Dana took a position as a facilitator of sexual prevention groups for non-offending parents. It was during her work with these individuals that she became interested in the assessment and treatment for trauma and trauma-related disorders, as child abuse was prevalent among many of adult clients. Dana was accepted to a post-doctoral program that focused on issues related to traumatized children.

After finishing her post-doctoral program and while working as a clinician, Dana studied to take the licensing exam in her home state and a neighboring state. She remembers the licensure process as arduous; however, she reported that she is proud to have met her personal goal of obtaining her license before having children.

At her current place of employment, Dana recently announced that she is pregnant and plans to take maternity leave at the end of the month. She stated that a few of her colleagues have made “inappropriate comments” since learning of her pregnancy. For example, one administrator implied that she and a pregnant colleague “planned” their pregnancies in order to take maternity leave at the same time. Dana stated that insinuations such as these cause anxiety and frustration. Consequently, at this point, she is uncertain whether she will return to the position at the agency after her maternity leave is over or will make the transition to full-time private practice. She and a female colleague have discussed the possibility of creating a wellness center that offers psychotherapy, yoga, and karate.

“Linda”

Linda’s current occupation is psychologist in private practice. She divides her time between two different settings: a group practice in a neighboring town and an office adjacent to her home. Linda treats adolescents and adults and works approximately forty-five hours a week.

Linda remembers graduate school as an exciting and challenging time. She struggled to balance her drive to achieve her greatest academic potential with her role as a mother: “My kids were younger during graduate school. My oldest was a teenager and I didn’t realize how much supervision teenagers needed. So it was a lot of work, a lot of reading, a lot of papers and the first two years of graduate school I worked.” She commented that the hour-long commute to and from school put an additional burden on the family because she had less time to spend with her children.

When the time came to apply to internship programs, Linda felt geographically limited because she had school-aged children and owned a home. Linda did not want her children to change schools as a result, felt a pressure to be as appealing a candidate as possible to internship programs in her area; for example, she pursued opportunities to take on additional clinical work and course work to make her more competitive. She stated that a certain program located in another state “would have been my first choice if it weren’t for the distance...it was a very good internship.” However, she decided to rank programs according to their proximity to her home and ended up matching to a program that was less than an hour away.

Since graduating from her doctoral program, Linda has had several jobs. At her first job, she assisted with the development and evaluation of various substance abuse

programs. She reported that she greatly enjoyed both the work and clientele; however, “it was a male-run organization” and problems with a male boss negatively impacted her experience: “He told me what I had to do and I did it. I was not supposed to give any input. I did not go to graduate school and have life experiences to not be heard or considered.” Linda left this job and took another position working with clients who were dealing with issues of substance abuse. At this placement, Linda “adored” her boss, an intelligent and politically-savvy woman; however, she eventually left the job in order to work at a state organization where she served as a consulting psychologist for inner-city children and their parents. Linda found working with this population to be rewarding, but was often frustrated by the lackadaisical attitude of the employees with whom she worked.

While in the midst of working full-time at various institutions and acquiring supervised hours for licensure, Linda built a small private practice. She became licensed in a neighboring state shortly after graduating from her psychology program. However, it took significantly more time to become licensed in her home state because of its stringent requirements. She eventually acquired her license and, after working for three years at the state agency, became a full-time private practitioner.

“Allison”

Allison works as an independent practitioner. She is in the process of building a private practice, and she sublets an office shared by a group of professionals. At the present time, Allison treats 10-12 individual clients. She estimated that in total, with face-to-face hours and consultation, she works 15-20 hours per week.

Allison attended graduate school at a university geographically distant from where she was raised. When she reflects on her years in graduate school, she remembers it as being a “demanding” but “highly supportive” environment. She had many positive relationships with peers, advisors, and supervisors.

Allison worked throughout school, which created additional stress, yet she was able to avoid taking any educational loans. As a result, she believes that she is now in a better financial position than many of her same-age colleagues.

One of the major challenges Allison faced during graduate school was moving back to her home state for internship. She had planned to return home after school because she wanted to be closer to family. Allison applied to several programs in her home state and was accepted to an internship program in this region. However, she found the transition from graduate school to internship more difficult than she had anticipated: “I underestimated how attached I had gotten....leaving your graduate program is a bit of a loss...I often feel when I moved here I lost people who knew my work. So I do really think staying where you do your graduate training for your internship would probably make things easier.”

Allison also mentioned that not having finished her dissertation before leaving for internship was “a huge mistake in hindsight.” She stated that it was a struggle for her to work full-time with the research project “hanging over my head.” Furthermore, Allison was the only intern in her program and as a result, felt a lack of peer support.

After internship, Allison completed a post-doctoral program at a counseling center. She is now in the process of building her private practice, an endeavor which she finds time-consuming, but rewarding as well.

“Anna”

Anna is a clinical psychologist, and, at the same time, the full-time mother of a six-month-old baby. She plans to return to clinical work part-time in the near future and is in the midst of deciding what constitutes a reasonable commuting time and the number of hours per week she is willing to work (thus spending more time away from her child). Since graduating from her psychology doctoral program three years ago, Anna has worked at a residential treatment center for male and female adolescents and at numerous university counseling centers. Her last job was as a counselor at a university counseling center. She estimates that she worked approximately forty hours per week.

Anna remembers her experience in graduate school as “overwhelming” and “consuming.” She stated, “With grad school, you always feel that you are chained. There is always that pressure that there is another chapter to read or you have another chapter to write.” Anna believes that she made a concerted effort to visit friends and to do non-psychology-related activities on the weekends, despite certain classmates’ negative comments. During graduate school, Anna worked in many intense clinical settings and commuted to another state for practicum and internship. Consequently, she felt that weekends were an important time to relax and visit with people she cared about outside of her graduate program.

Anna completed her internship at a university counseling center. After graduating from her doctoral program, Anna worked at her internship site, studied for the licensing exam, and obtained supervised hours for licensure. She passed the licensing exam in the state and was offered a position as a full-time counselor at another university. Within a year of working at the counseling center, Anna became pregnant. At approximately the

same time, Anna's husband was offered a new job position in her home state. Anna was reluctant to leave her new job, which had been a competitive position, but she and her husband decided that it would be best for them to move for financial reasons and so that Anna could be closer to family and therefore receive additional childcare support.

Now that her baby is no longer a newborn, Anna is in the process of looking for a part-time position; however, she needs to become licensed in her home state before she can be hired as a licensed psychologist and reach her earning potential. Anna recently decided to become more involved in the state professional psychology organization in order to network with other psychologists, maintain connected to psychology, and keep abreast of potential job opportunities.

“Catherine”

Catherine's current occupation is supervising psychologist and team leader at a hospital that treats clients who have severe eating disorders. Catherine also has a small private practice and sees individual clients for psychotherapy one day per week. Overall, Catherine works approximately forty hours per week.

Catherine remembers graduate school as being a supportive environment. She found it especially helpful that her program encouraged students to be in their own therapy, which is something that she participated in during graduate school.

Catherine reported that applying for internship and “not knowing my standing” was unsettling. She was unsure about whether to choose an internship close to school or to home, and ultimately, ended up matching to a program in another state.

After Catherine graduated from her training program, she completed a post-doctoral program at a hospital that specializes in the assessment and treatment of eating disorders. While completing her post-doctoral program, Catherine studied and passed the licensing exam. She was then offered a full-time position as a staff psychologist. In time, Catherine was promoted to team leader and given more work responsibilities, such as supervising doctoral students in training. Overall, Catherine finds her job to be gratifying, but, at times, stressful as well:

I actually think my job right now is as intense as graduate school...this is a population that is really demanding and can test boundaries and I think because I work in a private for profit facility I think that administration can pull on boundaries and expectations.

Catherine eventually plans to go into full-time private practice, a career choice that would offer more autonomy and flexibility than her current position, but stated “it is a matter of transitioning financially to build it up.”

“Caroline”

Caroline works as a private practitioner who specializes in neuropsychological assessment. She treats children, adolescents, and adults. Caroline reported that in total, she works approximately twenty-five hours per week, although this varies significantly depending on the number of assessments she is working on at the time.

Caroline remembers graduate school as a busy, but manageable period of her professional development. While she was on internship, Caroline maintained a professional connection with employees at a mental health agency where she had completed a practicum. With the intention of transitioning her into an administrative role,

the agency offered her a position after she graduated from her doctoral program.

Caroline accepted the offer.

While Caroline worked full-time as a clinician at the agency, she studied for the licensing exam. She also worked in private practice under a temporary permit and supervision. Caroline believes that taking the exam was “an important step” towards obtaining her license, and had no qualms with the licensing process other than acquiring the required supervision hours, which seemed like an “unrealistic” amount to ask of people.

Caroline reported that the most difficult period in her professional development was the transition from graduate school to private practice: “When you are under temporary permit, you don’t know the process...so there was a lot I felt unprepared to do.” With time and training, she was able to figure out the business aspect of running a practice, but stated that certain information “would have been really nice to know before going out there to figure it out for yourself.”

When Caroline had her first child, she decided to leave her job at the mental health agency to work full-time in private practice. She reported that making this decision was difficult, but has allowed her more flexibility, which is something that she now finds invaluable as the mother of two young children. Caroline is available for her children during the day-time and tends to see clients during evening hours and to work on reports at night after putting her children to bed.

“Michelle”

Michelle currently works as a staff psychologist at a university counseling center. She also has a small private practice. Before working at the counseling center, Michelle treated people who were diagnosed with personality disorders at a state institute and also worked as a clinician at a medical treatment center. Michelle works thirty hours per week at the counseling center and fifteen hours per week at her private practice. On average, she works a forty-five-hour week. She does not see clients on weekends and works one evening at the counseling center.

Michelle remembers graduate school as “an intense time.” There were points when she struggled with the idea of committing to a career in psychology: “It was an existential thing... ‘I am not going to be a biologist; I am not going to be a potter.’ It wasn’t so much a lifestyle thing. It was kind of mourning all the things I won’t do.” With time, supervision, and an increasing sense of confidence, Michelle’s feelings of doubt subsided and she “made peace” with her chosen career.

Michelle stated that applying for internship was a stressful time for her due to the competitiveness among her classmates. However, she matched to a program that was intellectually stimulating. While on internship, Michelle felt that there “was not a lot of room for myself” because “I felt I had to represent myself.”

The year following graduation from her doctoral program, Michelle worked as a post-doctoral employee and acquired hours for licensure. After completing the licensing exam, she “needed a year to recover” because she was “stunned” from the intellectual energy expended on her dissertation and then on the exam.

Michelle recently accepted a position as a full-time counselor at a university counseling center. She anticipates starting a family in the near future and feels that working at a smaller private institution is more amenable to raising children as opposed to working in a large hospital system.

“Monica”

Monica serves as the clinical coordinator at an inner-city hospital. She mostly works with culturally and ethnically diverse clients who have experienced repeated abuse and trauma. Monica officially works forty-hours per week; however, she usually works approximately sixty hours per week because many of her clients (children and families) are only available during afternoon and evening hours and she does not have time to go home in between clients. This is the first full-time job that Monica has had since graduating from her psychology doctoral program.

Monica remembers graduate school as a challenging period in her professional development. Being a female international student with young children, she experienced additional stressors as compared to her fellow classmates. Monica did not receive the same financial support because international students are unable to take out federal student loans. Monica noted that she also had a chronic illness to contend with, and often felt unwell when in class or performing clinical work. At the same time, Monica believes that she received much support from faculty members and mentors with whom she connected to at school and practicum.

Monica described her internship experience as intense, but rewarding. It seemed to her that she was being “conditioned every day” to be a clinician. However, she felt

protected by administrators and supervisors who shielded her from distressing clinical situations because she was still a trainee.

After internship ended, Monica was unemployed for a period of time while she looked for work close to home. She applied to work as a counselor at her current place of employment. Recently, Monica was offered an administrative role as clinical coordinator after a higher-up left the position. Monica feels that she has finally found a “home” and is hoping to build up her experience and confidence as an administrator in an inner-city hospital.

“Jen”

Jen is a clinical psychologist, with a specialty in neuropsychological testing. She currently works as an assistant director at the neuropsychological assessment center where she is employed. Jen performs neuropsychological testing at a private practice once a month. She typically works four to five days a week, eight hours per day treating both adults and children; however, she recently adopted a new work schedule so that she can stay at home with her baby two full days a week.

After finishing her internship, Jen completed a post-doctoral position at a private practice. She remembers her post-doctoral experience as being an anxiety-provoking experience due to the significant increase in clinical responsibilities. Jen stated that initially, the most challenging task she faced was holding assessment feedback sessions with distraught parents. Jen found it emotionally difficult to deal with parents who reacted negatively by crying or yelling in anger when they received upsetting information regarding their children. In addition, Jen stated that some parents made comments about

“how young I looked,” which fostered insecure feelings. With time and experience, Jen became more confident and learned the importance of relying on colleagues for support.

Jen has continued to work at the private practice where she completed her post-doctoral program. After she obtained her license, she was asked to be the assistant director of the practice and accepted this offer. Jen still holds the position and is appreciative that she was able to negotiate a flexible work schedule so she can stay at home with her baby.

“Sarah”

Sarah works as a counseling psychologist at a large university counseling center. She sees students for individual therapy on a short-term basis of 6-10 sessions. She is under contract to work forty hours per week, but she generally works 45-50 hours per week. She is not an American citizen, but has lived and worked in the United States for over thirteen years.

Sarah remembers the beginning of graduate school as being overwhelming and full of responsibilities and obstacles. At the same time, she felt connected to her chosen career in psychology as well as her graduate school community. Furthermore, Sarah’s spirituality and religious beliefs helped her through stressful periods.

Sarah completed her internship at a university counseling center. She found the transition from graduate school to internship to be a difficult one. Sarah noted that the variety in her routine during graduate school had kept her energized. However, seeing clients back-to-back for psychotherapy sessions at the same work setting and working on her dissertation almost every night was “very draining.” Over time, Sarah adjusted to her

new lifestyle. At the end of her internship year, she was offered a full-time job at the counseling center. She was recently put in charge of an emerging multi-cultural program at the counseling center, a position which she finds stressful, but greatly enjoys as well.

Chapter V

RESULTS SECTION

The interviewer explored participants' personal experiences with self-care and views on wellness, using Faunce's (1990) feminist conceptualization of wellness for mental health professionals. During the interviews, participants discussed the challenges that early career female psychologists encounter and the information has been included in this chapter as well. Furthermore, participants recommended self-care protocols from which psychologists-in-training and early career female psychologists might benefit. They offered recommendations to program directors and other professionals looking to promote self-care among graduate students and early career female psychologists. Results of this study have been organized into the following sections:

- 1) Challenges Related to Early Career Phase,
- 2) Emotional Self-Care,
- 3) Physical Self-Care,
- 4) Self-Care through "Play,"
- 5) Cognitive Self-Care,
- 6) Spirituality in Self-Care,
- 7) Recommendations to Other Early Career Female Psychologists, and
- 8) Recommendations for Training Programs and Organizations Seeking to Promote Self-Care

Challenges Related to Early Career Phase

During the interviews, participants discussed the challenges associated with being female psychologists at the inception of their professional careers. Participants' comments on this topic varied; however, several specific themes emerged from the interviews: 1) Insecurities about Transition from Trainee to Professional Psychologist, 2) Financial Issues, 3) Licensing and, 4) Mixed Messages Concerning the Importance of Self-Care.

Insecurities about Transition from Trainee to Psychologist

Many of the participants reported that the transition from “trainee” to “professional psychologist” has been a challenge for them. These participants acknowledged that at times, they feel insecure about making important decisions at work due to their lack of clinical experience or because of clients' and/or seasoned colleagues' negative perceptions about their lack of clinical experience.

Monica, having recently graduated from her doctoral program and starting her first full-time position as clinical psychologist, talked about her insecurity about being in a position of authority: “I still question people that call me a doctor. Do I know so much? Am I qualified? Should I be in charge; am I in charge? I find this bizarre....” Monica reported that doubting her capability as a clinician leads to anxiety and stress.

Catherine reported that she struggled emotionally when promoted to a supervisory role which gave her authority over colleagues close to her age or older:

I think the most challenging time was when I was promoted to clinical supervisor. There were people who now worked for me that worked there before I was there or came there the same time I did...some people were not too receptive to my being their supervisor.

Although Catherine has now grown accustomed to her new role as supervisor of a mental health team, she continues to experience feelings of uncertainty when instructing others on how to deal with stressful clinical situations.

Jen reported that there have been a number of occasions when she has doubted her clinical skills because clients commented on her “young-looking appearance.” Clients have even requested to switch therapists in order to work with a psychologist older than she which only serves to exacerbate her anxiety:

There is a perception that because I am so young, they sometimes are not sure what I am doing. And they have made comments such as ‘I have a daughter your age and I would not necessarily take advice from her.’ I think some if it is my insecurity. I am young; I am a new mom, and a young psychologist. Can I really help these people?

Jen tends to cope with her anxiety by talking with supervisors and colleagues about ways to handle the issue of age with clients. She appreciates it when older, more experienced colleagues remind her that she has extensive training and expertise in certain areas of psychology. However, she stated that certain clients' as well as seasoned professionals' perceptions of novice clinicians as inexperienced remains a challenge for her and other early career female psychologists.

During her interview, Sarah talked about how being inexperienced, a female, and a member of a racial minority group has, at times, had a negative impact on her view of herself as a clinician: She was recently put in charge of an emerging multi-cultural program at the counseling center where she works. As the head of this new program and as a woman of color, Sarah feels an added pressure to prove herself to her colleagues and many of the male administrators:

I feel that sometimes I don't have as much credibility which could be attributed to being a woman or me being an Asian woman...it could just be in my head. I question how people see me and that creates the stress. If I say something that is not the most thoughtful, I feel pressure to be poised or mature or those kinds of things. This is not something that weighs on me on a daily basis, but it takes a toll over time.

Financial Issues

The majority of participants reported that they have experienced, or are currently experiencing, some type of financial strain. Having had to rely on loans to pay tuition, as well as being unable to work full-time during their graduate school years, several participants accrued a great deal of debt. In addition, the participants continued to struggle financially after they had completed their programs; some talked about how they had expected to secure lucrative positions once they graduated and started work as full-time clinicians; however, they soon discovered that many post-doctoral salaries were not adequate to pay their school debts and provide for their families. One participant, a single mother, stated: "I am head of the household...financial issues have always been a stress for me...I wanted to make some good money to support myself." She reported that she was disappointed to find herself struggling financially one to two years out of graduate school.

Several participants reported that it is a challenge for them to pay back their educational loans while starting private practices and raising children. They stated that there are times when they feel guilty about having spent significant time and money pursuing an advanced degree and now feel pressure to be successful. While speaking on this topic, Jen stated: "I think that there is a little bit of status making a lot of money. We need to make money either being the primary breadwinner in the family or maintaining

the lifestyle we have fallen into.” The participants noted that they find it difficult to justify spending time and money for the purposes of self-care endeavors, such as gym classes, getting massages, and going on vacations, to name a few.

Catherine reported that she has worked on becoming more assertive when discussing client fees and salary, but has noticed that discussing money-related topics is a challenge for early career female psychologists. At the clinic where she works, she has observed that in general, early career psychologists tend to shy away from talking about payment and salary with employers, supervisors, and clients. In her role as supervisor, Catherine has made a point to encourage novice clinicians to assert themselves concerning issues of money so that they end up feeling more appreciated and fairly compensated.

A few participants who are in private practice reported that the training they received in graduate school did not adequately prepare them for the business aspect of maintaining a successful practice. Over time, they have learned how to run small businesses by attending seminars, reading literature, talking with more seasoned clinicians, and using trial and error approaches with clients. However, Allison reported that a lack of training in handling various financial issues related to private practice has caused her a considerable amount of stress and anxiety:

No one talks to you about money and getting out...we would collect five or ten dollars for seeing someone in a clinic or practicum so it was not part of the equation. And when I was on internship, someone handled the money. This was the first time I had to contend with several aspects of the business end of things. Ask for money, deal with insurance companies, and other parts of the business, like renting space and dealing with contracts around rentals. Marketing...and how do you sort of do that piece of it and then, do you join insurance panels? What are the ways of networking...so it has really been time-consuming; starting a small business...you really need to give yourself a period of time to become stable—about 3-5 years. And understand it is going to be a process.

Allison noted that starting a practice has been a huge emotional and financial commitment; however, she finds it helpful to view her practice as a long-term investment.

Licensing

The majority of the participants reported that obtaining their license to practice psychology was a challenging process. The specific requirements for licensure varied among participants depending on the states in which licensure was sought. For example, some participants were required to take the national written exam and to accrue supervised clinical hours; and other participants were required to take the national written exam, accrue supervised clinical hours, and take an oral exam in front of the licensing board committee. Furthermore, the number of supervised hours required for licensure varied depending on the state where licensure was sought. Regardless of these differences, most participants described the licensing process as being long and arduous.

Several participants equated the period between graduation and obtaining a license to practice psychology as being in a state of limbo. They reported that it was difficult to find well-paying positions after graduation because many mental health clinics and institutions were reluctant to hire them, as insurance companies are often unwilling to reimburse businesses for unlicensed psychologists' clinical services. A main priority for interviewees was finding positions that offered clinical supervision so that they could acquire hours for licensure; as a result, they needed to find jobs in which licensed psychologists were willing to offer their time to supervise. Anna talked about

the frustration she experienced during the period between graduation and becoming licensed:

You get out of school and you want to be a psychologist, but they are not letting you be a psychologist because of the licensing thing. So you are not there yet, but you are not a student anymore. We were “out there” looking for some support.

Furthermore, Anna’s desire to start a family made the one to two-year-long task of accumulating adequate supervised hours and studying for the licensing exam more daunting than it had originally seemed when she decided to pursue a career as a clinical psychologist. Anna reported that despite her frustration, she decided that she would get her license before trying to become pregnant and worked very hard to meet this personal goal.

Caroline also reported that she found certain aspects of the licensure process to be vexing. She also finds it frustrating that social workers and licensed professional counselors with less training than psychologists are able to obtain their licenses and open private practices in a shorter period of time: “I can definitely get into a conversation about how annoying it is that people with their masters can open up shops like that. Getting their license then LPC...and charge the same.”

Monica and Allison also talked about their frustration with licensure, especially for individuals who are raising children. However, they also mentioned concern for individuals in psychology programs who are “A-B-D” (“all but dissertation”). The term refers to students who have finished the required coursework and training for their doctoral programs, but due to various circumstances, have been unable to complete their dissertations in a timely fashion. Individuals who move from the area where their graduate school is located, take on additional employment for financial reasons, or decide

to have children may feel isolated and lack the time and/or energy needed to work on their research projects. And like early career psychologists, these individuals often have family obligations and financial demands with which to contend and the lingering status of “A-B-D” can take a significant emotional toll.

In discussing this issue, Monica asked, “What about when you are in 'A-B-D'? This is a group that is totally neglected. People don't want to address that population.” She believes it is imperative that psychologists in the field take a more active role in helping trainees and early career psychologists move towards completing their dissertations and entering the field as licensed psychologists.

Although Allison graduated from her doctoral program in a timely fashion, she also empathized with individuals who are “A-B-D.” She talked about how it was difficult to complete her dissertation after she relocated for her internship and lost the support of her graduate school advisors, supervisors, and colleagues.

Mixed Messages Concerning the Importance of Self-Care

Several of the participants reported that they have received mixed messages from supervisors and colleagues about the importance of self-care. They noted that established psychologists oftentimes expect beginning clinicians to take on additional clients and clinical responsibilities because they assume that novice clinicians are always interested in opportunities to grow professionally, even if it requires longer workdays, fewer breaks, and working more evening and weekend work hours. However, this assumption can foster stress and anxiety on the part of the early career psychologist.

Participants discussed their difficulties in setting limits with demanding supervisors and colleagues. By declining requests to assume more cases or get involved in extra clinical projects, early career psychologists run the risk of being perceived as unmotivated or indifferent. One participant, Allison, stated, “I think there are different attitudes around what trainees are expected to do. While there is often lip-service paid to saying, ‘No’ and setting limits or taking care of yourself, the reality is much more complicated if you say ‘No’ ...there are often repercussions for that.” She also commented that there is a lack of understanding from administrators regarding trainees' experiences:

There is a lack of awareness of what it is like to be in training....Not encouraging them [trainees] to set limits is a way of making it more bearable for other people in the organization...If you were in training, you had to be careful about what you said ‘No’ to...the longer you worked there, the more protected you were.

Linda stated that she initially had a hard time setting boundaries at work with supervisors and colleagues because of her high-achieving nature: “I am a type A...I wanted to be successful. I really had a hard time saying ‘No’.”

Two of the participants talked about the frustration and disappointment they experienced when co-workers had negative reactions to their pregnancies. One participant reported that she sought a position at the clinic where she works because it has a reputation of being a supportive, family-friendly work environment. For this reason, she was surprised when certain administrators seemed irritated that she was pregnant and taking maternity leave. Another interviewee reported that she was nervous to tell certain colleagues that she was pregnant because she had seen them act in an unsupportive manner towards a fellow co-worker who was pregnant and took maternity leave.

Emotional Self-Care

In this study, emotional care is conceptualized as an engagement in self-nurturing behavior and an assertion of one's needs, thoughts, and feelings (Faunce, 1990). Within the category of emotional self-care, the following themes emerged: 1) Balancing Professional and Personal Life, 2) Choosing a Healthy Work Environment, 3) Engaging in Time Alone, 4) Reaching Out for Help when in Distress, 5) Being Supported by Family, 6) Being Supported by Significant Others, 7) Positive Role Models, 8) Maintaining Boundaries with Difficult Clients, and 9) Managing Intense Emotions.

Balancing Personal and Professional Life

All ten participants reported that they make a concerted effort to balance their personal and professional lives by 1) creating their own work schedule, and 2) engaging in non-psychology-related activities.

Creating work schedule.

Seven of the women reported that having an active role in creating their work schedules allows them to maintain a better balance between work and home. For example, Catherine is in charge of scheduling her own clients and stated, "I will never schedule a family session past 2:30...it leaves me time to finish paperwork by the end of the day so in general I can get out of there [work] at 4:30." Michelle avoids working during evening hours, whereas Caroline prefers to work during evening hours because it allows her to spend time with her two young children in the morning and afternoon.

Linda reported that because she is in private practice, she can select clients and determine her own schedule. Consequently, Linda never feels as though she has “wasted my time” when clients cancel sessions because she is able to complete household chores or spend more time with family.

Dana is pregnant and on the cusp of motherhood. As such, she is in the process of thinking about ways to balance work with family life after she has the baby. She commented:

I definitely plan on not taking on more hours in my private practice...so I try to balance that out as well...if I work two hours here, I do not want to make up the time somewhere else during the week. I definitely want to balance that so I am going to build up my private practice work to two days a week there and three days a week here or work five days a week here and five hours there...try to have some balance here and not take it home. I don't care if I have things piling up here....

Dana reported that she appreciates being in a profession that allows her some flexibility as she begins to focus on starting a family.

Engaging in non-psychology-related activities.

All ten participants stated that engagement in non-psychology-related activities is a vital part of their emotional self-care. Allison felt that it is essential for her to develop interests outside of psychology and Dana stated that it is important to “enjoy the rewards” of becoming a licensed psychologist by incorporating time in the week to have fun. Michelle finds that engaging in quiet, self-soothing activities is of particular value to her because it helps her to feel calm and grounded. She mentioned that taking baths, going for walks, and spending time in nature are activities that allow her to de-stress when she comes home from work.

During the interviews, the participants stated that the following sixteen activities help them feel well-balanced and allow them to mentally release from the intense nature of clinical work: 1) attending music concerts, 2) working out at the gym, 3) making arts and crafts, 4) rowing, 5) yoga, 6) knitting, 7) cooking, 8) riding, 9) biking, 10) running, 11) walking, 12) hiking, 13) eating, 14) playing guitar, 15) taking baths, and 16) watching movies/television. Participants engage in these activities on a regular basis in order to prevent stress from having a negative impact on their work as psychologists.

Choosing a Healthy Work Environment

All ten participants reported that they have made conscious choices about their work environment in an effort to maintain wellness in their lives. For example, they have made thoughtful decisions regarding their work schedule, supervisors and employers, and clientele/clinical populations. Anna and Michelle reported that they chose to work at counseling centers because they are more supportive environments than hospitals and clinics; in addition, the administrators and supervisors promote self-care among staff. Linda stated that she left a job because her male boss was “narcissistic,” and she was unable to work for someone “I don’t respect.” Michelle stated that she has made the decision that she no longer wanted to work with more severe, borderline clients because the work is too “emotionally taxing” and requires that she be available by pager during evening hours and weekends.

Work environment and raising children.

All of the women who have children or are planning to have children in the near future reported that they have made thoughtful decisions about their work environment in order to preserve emotional energy and time to raise their children. Dana chose to work at her current place of employment because it offers set hours and because many of her colleagues have children. Linda built a private practice in her home to ensure that she has quality time with her children. Both Caroline and Jen were able to reduce their hours at work so they can take care of their young children.

Anna stated that she made the decision not to return to her job after discovering that she was pregnant: “Having a baby is a whole other affair...I was planning to go back to my job and figured I would only be out for three months...I am glad this happened so I can spend time with her. But I was planning to go back in three months.” Anna reported feeling some guilt about having her doctorate and not “using it” at the present time; however, she recognized that it would be emotionally difficult for her to leave her baby to seek out a full-time position.

Although Michelle does not have children, she anticipates wanting to start a family in the near future, and as such, made the decision to leave a highly-regarded, but stressful position at a hospital, to work at a university counseling center because it was less demanding and had better hours:

I have been thinking about how our lifestyle could support kids. I was thinking how I would go home and be available for family. I wanted to have enough emotional energy when I went home and be interested and bearable and all that stuff.

The three participants who do not have children and do not anticipate having them in the near future reported that they think it is easier to engage in self-care activities

because they do not have children, and recognize that working while raising a children seemed to be a struggle for many of their female colleagues. For example, Catherine discussed her observations of early career female psychologists with children:

Sometimes I wonder--given my experiences--how women with young children manage. Since I don't have children of my own, I have a lot more free time and ability to engage in self-care. I have a friend with a young child, and it is very difficult for her.

Engaging in Time Alone

All ten participants reported that they value time alone and believe it is a necessary part of self-care and wellness. When asked about what activities they engage in when they are alone, five participants reported that they exercise/workout, four participants watch television or movies; three participants read non-psychology-related books, and three participants enjoy cooking.

Michelle reported that after she finished studying for the licensing exam, she decided that she wanted to learn how to play the guitar, and now likes to practice in her free time. Sarah mentioned that she likes to garden in her spare time and Monica stated that she really enjoys getting a professional full-body massage for some quality "alone time" away from work and her family: "I give that to myself as a treat. I say this hour is for me. I am going to have someone else do the work. And I detach." Monica also commented that once, after a stressful day of work that required her to be at her job until 9:30 P.M., she did not go home immediately: "I went to a diner and was alone to unwind. I knew that if I went home, I would explode." She noted that decompressing alone after work before she goes home helps her to be a better wife and mother because she is more patient and relaxed with her family.

Reaching Out for Help

The majority of participants reported that they have undergone a period of emotional distress in their personal lives at some point in their careers. Three participants reported high levels of anxiety due to major life transitions; including one participant who reported that she had panic attacks; two who reported difficulties in their marriages, two who had close relatives pass away; and one who reported that she struggled with a medical condition. All stated that they dealt with these troublesome events by seeking the support of significant others, family members, friends and colleagues.

Furthermore, five participants reported that they sought psychotherapy or counseling to help them deal with their emotional responses to these distressing incidents. One participant mentioned that when she had marital difficulties, she sought counseling:

Going through the first period of difficulty in my marriage has been tough because obviously it's a theme that comes up [in therapy]...I kind of wanted to say to clients 'men are stupid enough'... Things are better now; I am better now. When I felt like I was too distracted, I called up and made a session for myself to go into counseling.

This participant is no longer in counseling, but reported that she would seek psychotherapy for support if presented with another difficult life situation.

Being Supported by Family

All ten of the participants reported that having supportive family members contributes to their emotional well-being. More specifically, participants discussed the ways in which family members provide comfort when they are feeling overwhelmed. In regards to meeting professional milestones, Jen stated, "Family was a big help in dealing with some of the stress." Michelle commented that in terms of the work-home balance,

her family “has been helpful in getting me to place that is right for me.” Sarah mentioned that she relies on her brother, the only family member living in the United States, for support: “If I needed anything, he would be there...it’s a comforting kind of relationship.”

Monica talked about the reasons why it was difficult to not have any family members who live close: “we never had the luxury of saying, ‘let’s drop off the kids and let’s go to the movies’.” She believes that having additional support from family would have allowed her more time to focus on herself and her relationship with her husband when her children were young.

Having a family member that understands the nature of the work.

Several participants commented that they feel supported by family members that are able to understand the nature of the work they do in psychology. Dana and Jen reported that their parents also work in helping professions, and, therefore, are able to understand the “challenges” of working intimately with people in various states of distress. Michelle also reported that her parents have been able to relate to many of her experiences in graduate school and post-graduate school because they work in academia. Allison finds it comforting to talk to her sister about her work in psychology when she finds clinical work to be stressful:

The person I am closest to in my family is my sister...she has been someone who has started her own therapy that helps her more to understand where I am coming from...she is becoming someone I can call on.

Being Supported by Significant Other

All nine of the participants who are in relationships reported that having a supportive significant other contributes to their emotional self-care. They discussed the ways in which their partners provide stability, emotional support, financial support, and child-care assistance, all of which has helped them as they have pursued various academic and professional goals.

Provide forum for expression of feelings.

All nine of the participants in relationships reported that being able to talk to their significant others about negative feelings regarding work helps them maintain wellness in their lives. For example, Dana reported that her husband provides a “listening ear” and says the “right things to help calm me down.” Anna stated that she and her husband “do a good job of talking.” Linda described her fiancé as “psychologically-minded” and able to engage in discussions about psychology and clinical work. Catherine reported that she is able to vent to her husband and notes that he helps her to “stay grounded” because “he gets me to stop and think about what is really going on.” Caroline felt that she can express her negative feelings about work to her husband and that this helped her to refocus. Monica stated that she shares her feelings with her husband and that he offers pragmatic advice. Jen noted that her husband is “supportive about talking about issues as they come up.”

Michelle commented that she relies on her fiancée for emotional support; they are in the same profession and enjoy “analyzing the relationship” and discussing psychology

and philosophy. Currently, he is away for the year for work-related reasons, and she has noticed that his absence has been difficult for her emotionally.

During her interview, Sarah reported that she is someone who tends to hold back emotions and appreciates that her partner has been able to slowly teach her how to open up to her about her feelings. Sarah stated, “Emotionally, she is more advanced than I am, if there is such a thing. She is better at feeling her emotions. We are a same-sex couple, and I am sort of emotionally the ‘male part’ of the couple. I am the doer.”

Allison, who is currently not in a relationship, discussed the ways in which she misses having a partner because it can be extremely comforting, especially when work is stressful:

I was dating someone for awhile. That did not work out...relationships are not easy but life was so much easier when the relationship was going well. I often look with envy at the friends I know, both men and women, who are in committed relationships, because it gives you stability and ease in your life.

Allison noted that she would like to be in a relationship, but for the present time, is focusing on building her private practice.

Offer another viewpoint.

Several of the women reported that they like having significant others who work in a profession other than psychology because their partners offer a different point of view on life. Anna stated, “I can’t imagine marrying another psychologist. I like to see how the rest of the world operates.” Similarly, Jen reported that she likes that her husband has a different mindset because he works in the government. As a result, he is

able to “take a step back and take the practical approach I might overlook because I am trying to think about things in a different light.”

Monica’s husband is in business and “likes to solve things.” She feels that this characteristic can be “nurturing” or “distracting” to her, but overall she feels that it has been helpful to her that he is not in the mental health profession because “I don’t need him to ask me ‘How do you feel?’ all the time.”

Sarah reported that she appreciates that her partner is not in the same profession because she enjoys learning new things from her. Her partner is an administrator and according to Sarah, seems to have a different approach to life. Sarah commented that she finds it interesting that although her partner is not a psychologist, she is often better than Sarah at “feeling her emotions.”

Linda was ambivalent about whether, overall, dating a psychologist versus a non-psychologist (such as her fiancée) is more positive than negative, but after some reflection on the subject, stated “more process-oriented people can process too much and can kill the fun of it.”

Provide nurturance and support during stressful periods.

Several of the participants reported that their significant others have been nurturing and supportive during stressful periods in their professional development and as they pursue various career goals. For example, Dana was pleased when her husband treated her to a spa trip two weeks before she was scheduled to take the licensing exam. Another participant, Linda, is grateful that her significant other cooks for the family: “I am not a domestic person, so he does all the cooking, so in that way he takes care of me.

I don't have to worry because I come home and dinner is made." Catherine reported that when she is feeling "stuck" at her job, her husband encourages her to pursue her long-term career goal of starting a private practice:

My husband keeps saying, 'Honey, we got to get the private practice going' when he sees me coming home from work and all tired out...he respects my career but does feel I will be happier in private practice. I think he is right, but it is matter of transitioning financially.

Monica is appreciative that her husband has flexibility in his job and, therefore, is able to help drive their teenagers to various events. Monica also felt nurtured by her husband when he told her that she could rely on him financially while she pursued her degree in clinical psychology and looked for her first job.

Anna talked about feeling supported by her husband as well. The first year the couple lived together, they made a commitment to spend quality time together despite their work demands. At the time, her husband was working full-time and pursuing a business degree, and she was also working and in the process of conducting interviews for her dissertation; however, having plans to do something fun with her husband motivated her to do work and created a sense of well-being in her life.

Positive Role Models/Mentors

All ten participants reported that they have role models and/or mentors that have had a positive impact on their emotional well-being. The participants talked about the ways the male and female mentors influence their self-care.

Female role models/mentors.

Most of the participants reported that they have female role models and/or mentors that have had a positive impact on their well-being. Dana discussed the ways in which an older female supervisor from graduate school has supported her ever since she started the program. She also stated that her mother and mother-in-law continue to serve as role models for her. She admires their ability to balance their personal and professional lives when she and her husband were growing up:

I think my mom did a great job. She was always there for us...she was always there for anything we did at school. She also maintained a full time job.... she [my mother-in-law] always managed to balance work and family life so that is why I do it very well.

As a soon-to-be mother, Dana is appreciative of having women in her life who are able to provide her with advice and strategies for managing work and family.

Michelle reported that her mother served as a positive role model because she balanced a career in academia with her role as a mother and wife. She even had an influence on Michelle's decision to pursue an academically-oriented career path.

Linda stated that she looks up to her "politically-savvy" female supervisors because they have given her "the opportunity to learn and grow." She developed a close friendship with one of these mentors, someone whom she considered to be her "best supervisor" in graduate school, and the two women keep in contact on a regular basis.

During her interview, Caroline reported that she has had many female supervisors who have talked with her about managing her work as a clinical psychologist with family life. She has found the following advice from supervisors especially helpful: 1) get a housekeeper, and 2) make time for a pedicure. She also appreciates supervisors that have served as role models for wellness:

Things have been highlighted...they take vacations; they schedule time off away from their practice. I have seen that they are involved in some type of activity...or physical activity... I have had good people around me. I have been able to look at what has worked for them. I am not always able to replicate it in my own life, but it is something I can recognize as a good thing.

Catherine noted that her psychotherapist during graduate school had a significant impact on her ability to practice self-care because she stressed the importance of self-nurturance at an important time in Catherine's professional development.

Male role models/mentors.

Several participants reported that they have male role models as well. Monica talked about her uncle and other male supervisors, advisors, and professors who have provided her with emotional support during various points in her career as a psychologist. Michelle stated that her father was always available for her and her brother when they were young children, and in this way, was able to demonstrate a balance between work and home life. Caroline described a relationship with a male supervisor who was physically active and motivated her to do yoga because she thought to herself, "he is 50-60 years old and he has found time to do this. I should be able to find the time to do this."

Negative role models.

Several participants noted that they negative role models have had an influence on their self-care. For example, Anna mentioned that she had supervisors that had "no life other than psychology." She remembers a colleague telling her that her one of her

supervisors was “married to the job.” Anna also noted that this supervisor had “poor boundaries,” and as a result, she made an effort not to follow her example.

Similarly, some of Jen’s supervisors seemed to have difficulties balancing their professional and personal lives:

With previous supervisors, I see that they let work consume 80-90% of their life. They are constantly behind, overwhelmed, constantly taking a week off here and there to catch up on the work they need to do. I think, in this respect, that is a role model for me because that is how I don’t want to be. I try very hard to balance things. I am giving my patients the balance that they need, but I am also giving my family the attention they need, and I am also paying attention to myself.

Dana has had supervisors that are “brilliant” and that she respects professionally, but she noted that their success comes at a cost: “Personally I would not like to come home at 9:00 at night... I don’t think I want that much going on professionally.” At this point in her life, Dana is more comfortable with a structured work schedule that allows for personal time and the opportunity to spend time with loved ones.

Maintaining Boundaries with Difficult Clients

All ten of the participants reported that they recognize the importance of maintaining boundaries with more difficult clients and feel that doing so facilitates their emotional well-being. Most of them are able to establish these boundaries by 1) setting limits on their communication with clients outside of therapy sessions, and 2) setting limits on session duration.

Limiting communication outside of therapy sessions.

Most participants reported that they try to set limits on the amount of time they communicate with clients outside of therapy sessions. Caroline said that she informs

clients ahead of time that she will not return phone calls unless there is an “emergency situation.” Linda noted that she sets a time-frame for answering and responding to calls. She stated that setting this limit proved to be especially helpful when an overly dependent client in a domestic violence situation called her on the phone every day:

I said to her that I will need to charge you for a phone session and perhaps submit for an hour session so that the time you talked to me on the phone will add to the time in the session...and I would see that she is calling and have to wait awhile before I called her back. Often, when I did that, she would forget what she called me about so then she stopped calling me as much. Sometimes it’s hard to suggest you are owed some money.

Catherine described a situation in which a client with borderline personality traits wanted to continue having a relationship with Catherine even after the client moved to another state and started therapy with another clinician. She was alarmed when the client found her home phone number, called at approximately 6:00 A.M., and told Catherine that she had just taken “a bunch of pills.” Catherine handled the situation by using her husband’s cellular phone to call 9-1-1 and report the situation. She commented, “It was tough...I talked to her [the client] and told her I did not want to interfere with her therapeutic relationship with her current therapist and since we no longer were in that relationship, it would not be appropriate for us to be friends.” The client heeded Catherine’s advice and stopped calling her for emotional support.

Michelle brought up the challenges of working with communicating with clients via e-mail. As an employee at a college counseling center, her e-mail address is listed on the university webpage, and, therefore, accessible to all of her clients through the internet. She finds that students attempt to reach out to her via through e-mail on a regular basis:

One of the things that has been complicated has been doing e-mails...I have to think about how to handle these when they are not during our session. I have written 'Wow, it sounds like a lot of things have come up. We will need to talk about them during our next session.' I try not to get tied up in the e-mails.

Limiting session duration.

Several participants reported that they maintain boundaries with clients by setting limits on the duration of their psychotherapy sessions. Michelle stated: "I maintain clarity and don't allow sessions to go over time. I was always pretty strict about this." Jen reported that it is easier for her to maintain boundaries because she usually only sees clients on a short-term basis for testing and a feedback session. However, she and colleagues deal with "really aggressive or needy" clients by setting a time limit on feedback sessions ahead of time.

Managing Intense Emotions

All ten of the participants reported that they manage intense feelings that arise in clinical work by making attempts to emotionally detach from their clients' problems in order to gain perspective. Several of the women stated that they have found it helpful to "debrief" cases with colleagues or to discuss them in personal therapy. In addition, Linda reported that focusing on positive attributes of clients and on "small changes" allows her to remain hopeful and motivated. Monica reported that a sense of humor is valuable when work becomes stressful, and Anna stated that having summers off from work leaves her feeling refreshed and ready to handle difficult cases when she returns to her job in the fall.

Michelle discussed the ways in which she uses the same mindfulness techniques she employs with clients to manage her own intense emotions when they arise in therapy:

I use a form of mindfulness in session...my general sense is that just being able to name and observe it helps me to deal with the intensity...the more intense people get, the calmer I get. I will slow my speech down. I do a lot of modulating of my own affect.

Allison stated that when she feels frustrated by the work or concerned about clients, she tries to remember that “doing the work is a gift.” She appreciates the fact that she has learned something from each of her clients, and that they have helped her to gain clarity on issues in her own life. In this way, Allison acknowledges that there is a give-and-take relationship inherent in psychotherapy.

Physical Self-Care

In this study, physical self-care refers to the integration of the mind and body, as well as an appreciation for fitness, and nutrition (Faunce, 1990). The following themes regarding physical self-care emerged from the interviews: 1) Maintaining a Physically Active Lifestyle, 2) Employing Relaxation Strategies, 3) Making Healthy Eating Choices, and 4) Obtaining Sufficient Sleep.

Maintaining a Physically Active Lifestyle

Nine of the ten participants reported that they maintain a physically active lifestyle as part of their overall self-care. Seven of the participants routinely exercise and follow a workout regimen. Three participants reported that they do not have a set exercise routine but make a concerted effort to engage in physical activity on a regular basis.

Dana noted that working out helps her to relieve stress: “Being able to go to the gym three days a week helps me mediate and relieve stress...it is a form of meditation. I don’t talk to anybody. I just do my thing, and it really helps to relieve some stress.”

Similarly, Allison stated, “I pretty much am one of those people who need physical activity to help me feel balanced...I think caring for my body has been pretty important for me.”

Due to a recent job change, Michelle reported that she now has time to exercise, and consequently, feels healthier and more energetic:

This is the other great piece with this job. This is the first time in years, but it takes me 10-15 minutes to walk to work so I feel I am finally able to exercise pretty consistently. I exercise three to four times a week either before work or after work. I feel great—I feel like I have so much energy.

Jen reported that since having her baby, the amount of time she is able to devote to exercise has decreased. Before her pregnancy, she went to the gym 4-5 times a week and regularly went bicycling and hiking with her husband. After Jen’s baby was first born, she was unable to exercise at all; however, now that the baby is no longer an infant, she makes working out a priority. She recently told her husband, “I really need to go to the gym two days a week” because it is “a huge stress reliever for me” and he supported her decision by watching the baby.

A few of the participants reported that although they do not follow an exercise regimen, they make an effort to incorporate physical activity into their lives. For example, Anna reported that she enjoys going on walks with her baby and Caroline stated that she likes to do yoga and go on walks, as well.

Sarah reported that she stopped exercising because she felt too tired to workout at the end of the workday. She stated that she has gravitated towards a more sedentary

lifestyle over the last few years, but is “sorry” that she stopped working out because she has noticed a decline in her energy level.

Employing Relaxation Strategies

All ten participants reported that they employ relaxation strategies in an effort to maintain their physical well-being and to reduce stress. Four participants read non-psychology-related books in order to relax, and three participants practice yoga.

Four of the participants also reported that being outside in nature helps them to feel calm and relaxed. These participants like to go for walks or sit outside when they are feeling stress. For example, Linda commented, “I am an outdoor person. When I feel like I have time, I get my chair...sit outside and look at my property.”

Allison mentioned that she meditates as a way to self-soothe, and Michelle takes hot showers when she wants to calm herself down. Caroline utilizes breathing strategies: “I use a lot of the stress-relieving strategies that I teach my patients. I do that for myself if I feel very stressed or anxious. I do my breathing until I feel my body relax.” Furthermore, Monica reported that whenever she feels tense from stress at work or home, she books an appointment for a professional massage.

Making Healthy Eating Choices

Nine of the ten participants reported they engage in healthy eating habits in an effort to maintain their physical self-care. Michelle reported that since changing to a less demanding job, she has the time to cook and, therefore, is able to make healthy meals that

she enjoys as opposed to picking up takeout food on the way home from work. Caroline reported that her children have an impact on her food choices:

I do try to eat well. I try to do that for the whole family...when I go to work I try to bring healthy snacks. I'm not one to bog myself down with things that are artificial or heavy because I know that it has an impact.

The majority of the participants reported that having regular mealtimes facilitates healthy eating habits. Some of the interviewees reported that they eat three square meals a day, whereas other participants make certain meals, mostly lunch or dinner, a priority. According to Jen, "Meals in my family have always been an important kind of time for my husband and I to talk, so I try to make time for that."

Two of the participants talked about how their appetites and eating habits change when they feel stressed. Allison mentioned that her appetite decreases when she is feeling overwhelmed. Monica's food selections change from salads to comfort foods: "My diet is a very good sign of my health...this tells you how my life is going."

Obtaining Sufficient Sleep

The majority of participants reported that for the most part, they are able to obtain sufficient amounts of sleep during the night and believe that doing so helps maintain their physical well-being. On average, most participants aim for seven to eight hours of sleep per night.

Many of the participants make sleep a priority, even when work and home life are stressful and demanding. Allison stated, "I am a sleeper. Things [schoolwork] have probably taken me longer because I wasn't going to lose sleep over it." Michelle commented, "I have also gotten more and more into sleeping. I weaned people off

calling me past 10:30 P.M. If that gets disrupted, I feel pretty crazy. I get about seven to hours or sleep a night.”

Most of the participants reported that at some point in their careers, they have had difficulty sleeping due to work-related stress and worries about certain clients. Caroline has experienced problems falling asleep when she knows that she has to testify on behalf of her clients in court the next morning. Dana noted that she tends to think about cases when she feels “stuck” and has not had the opportunity to process them with her colleagues. However, the majority of participants reported that only on rare occasions does work interfere with their sleep.

Self-Care through "Play"

Self-care through “play” refers to engagement in activities that develop the creative, playful side of the self, such as attending concerts, traveling, dancing, dining with friends, and involvement in community events (Faunce, 1990). The following themes are discussed in this section: 1) Engaging in Activities that Foster Creativity, 2) Meeting with Friends, and 3) Traveling and Vacationing.

Engaging in Activities that Foster Creativity

All ten participants reported that they engage in activities that allow them to tap into the creative sides of their personalities. Four of the participants reported that cooking is an artistic outlet for them and three participants feel that reading fiction helps them connect to their imaginations.

The following is a list of other activities that foster creativity among interviewees:

1) drawing, 2) making pottery and ceramics, 3) card-making, 4) painting, 5) water-coloring, 6) knitting, 7) refurnishing furniture, 8) rowing, 9) hiking, 10) biking, 11) camping, 12) attending music concerts, 13) listening to the radio, 14) playing guitar, 15) dancing, 16) going to the library, 17) watching movies, 18) going to flea markets, 19) playing board games, and 20) entertaining friends.

Meeting with Friends

All ten participants reported that they make a concerted effort to maintain strong connections with their psychology and "non-psychology" friends. Several of these women have found that maintaining meaningful friendships has become more challenging as they experience increasing demands in career and family life; however, these participants feel that spending time with friends is a valuable part of their self-care because they are able to access a more informal and playful part of their personality.

Participants talked about feeling as though they can act in a genuine and authentic manner with close friends. Caroline stated, "I think that it helps to have girlfriends who are close enough that if you go out with them, you will have a nice time and feel good and enjoy yourself." Another interviewee, Sarah, likes to meet with friends and talk about issues in her personal life:

We would have dinner together and talk about what was going on in our lives. It was helpful to have that outlet. Two of those people moved away. Now, we stay at work and do an hour at lunch time. We talk about self-care as well as ways to honor our feminine energies.

Monica reported that she has always enjoyed entertaining for friends: "I entertain. I like to cook and have people over." Another participant meets regularly with a good

friend to play board games; when she spends time with this individual, she is able to be let her guard down and act in a silly manner. Other participants mentioned that they enjoy going out to dinner, seeing movies, and talking with friends on the phone.

Traveling and Vacationing

All ten of the participants reported that travel and vacations are an important part of maintaining wellness in their lives. The majority of participants stated that they take vacations annually.

Many of the women acknowledged that finances play a significant role in their decision to go on vacation; they are able to help finance trips for themselves and their family members because they are no longer in graduate training and are able to work full-time. Linda commented, “Financial issues have always been stressful...I wanted to make some good money to support myself...so now I feel I am in a position to go on vacation, and I am very excited about it.”

Several of the participants talked about how they feel while on vacation and when they return home. Three of the participants stated they feel more “relaxed.” Dana noted that she feels refreshed and talked about how much she enjoys traveling:

Before I go, I feel stressed and ready to go, and when I have to come home, I don't want to come home. While I'm on vacation, I want to do everything. I love going on vacation, and I don't want to come back.

Most of the women also make an effort to go away for weekends or long weekends; because they are able to detach from clinical work. These “mini-vacations” are an important part of maintaining their wellness. Michelle reported, “We like to do three-day weekends once in awhile. I would say every three to four months we do a three day

weekend or a week long trip.” Catherine estimated that she and her husband go away for long weekends together three times a year.

Cognitive Self-Care

Cognitive self-care refers to gaining awareness of socialization processes and promoting empowerment through exploration of feelings and professional issues with colleagues and asking for help (Faunce, 1990). In this category, the following themes emerged: 1) Undergoing Psychotherapy, 2) Consulting with Peers, and 3) Attending Psychology Conferences.

Undergoing Psychotherapy

Nine of the ten participants reported that they have undergone psychotherapy at some point in their professional development. Five of the participants are in psychotherapy at the present time. Four of the participants have been in therapy in the past, but, due to time limitations and financial restraints, are taking a hiatus. One participant stated that she has never been in therapy, but feels that it would be valuable and has considered going on several different occasions.

Participants currently in psychotherapy indicated that the process stimulates intellectual curiosity and helps them feel more connected to their clinical work. Half of the participants reported that they undergo therapy to process personal or professional issues that may hinder their work with clients. These participants believe that the most effective psychologists are aware of their own strengths and weaknesses and can identify “emotional triggers” (i.e. topics or subjects that cause an emotional reaction). For

example, Jen feels that being in therapy herself helps her to “tease apart” her own feelings and reactions from those of her clients:

I think it [therapy] has helped me understand myself better and understand when a reaction is coming from me versus coming from the client. I feel if I don't know myself, if I don't understand why I do what I do, how am I going to understand somebody else?

Similarly, Michelle stated that working through her own issues in therapy makes working with clients “easier” because “when other things come up, I am able to identify more readily what is happening in me as well as the other person.” Allison also talked about the value of therapy; she finds that exploring her strong reactions to clients or client material provides her with information about herself and her relationships with others. Through analysis of participants' thoughts, feelings, and behaviors, they are better able to handle difficult issues that arise in psychotherapy with clients.

Other participants reported that undergoing therapy is helpful because their personal therapists give them feedback about cases with which they might be struggling; as such, their own therapists serve as supervisors. Allison frequently talks with her therapist about her emotional reactions to client material, and, at times, her therapist offers direct advice on how to deal with difficult situations. The process can also be more subtle; Allison feels she gains clarity on client-related simply by verbally expressing her feelings to her therapist.

Michelle stated that psychotherapy was especially helpful during graduate school when she was starting out as a clinician. Michelle's therapist served as an “experiential role model” and had a significant impact on Michelle's work with her own clients: “It took me a long time to digest what she [her therapist] was doing, and for awhile, I was just mimicking what she was doing and then more came out in my clinical work.” As

Michelle progressed through school and became more comfortable with her own clinical techniques, her view of her own therapy changed. Instead of conceptualizing therapy as “educational,” she came to see it as a means to process emotions and work through issues in her personal and professional life. Michelle continues to see a therapist and reported that it has been a great support in her life.

Consulting with Colleagues

All ten participants reported that they regularly consult with other psychologists about their clinical work. Conferring with other professionals about how to handle challenging cases is intellectually stimulating and contributes to their professional growth.

Half of the participants are in the process of finding, or are currently involved in structured supervision groups in which they meet with fellow psychologists to discuss clinical issues on a regular basis. Jen commented that she feels most comfortable talking with psychologists who are close to her in age or who started working one to two years before her because “they have been in similar situations.” Currently, Jen is participating in a monthly, all-female peer supervision group to talk about clinical cases as well as other issues relevant to the field of psychology. Many of the women in the group are pregnant or have young children, and as a new mother, Jen finds the group discussions on ways to balance a career with family and personal time to be helpful because she is wrestling with this issue herself.

Dana noted that she values peer supervision because it provides her with a forum in which to discuss clinical work. As a psychologist who works with abused children and

their families, she appreciates discussing cases with peers who are familiar with child abuse laws and relevant services for her clients.

Attending Psychology Conferences

Most of the participants reported that they attend professional psychology conferences on a regular basis, and their participation in these events helps them feel connected to the field of psychology.

Several participants mentioned that they feel differently about clinical work after attending a conference. For instance, Dana and Linda both said that they feel “stimulated” after conferences and Anna mentioned that she feels more connected to the profession as a whole. In addition, Linda noted that she gains a fresh perspective on clinical psychology when attending conferences and subsequently, likes to incorporate new techniques into her work with clients.

Spiritual Self-Care

In this study, spiritual self-care refers to the often influential role of religion and spirituality on personal well-being. All ten participants reported that they are religious or spiritual, and believe that their connection to a Higher Power has had a positive impact on their well-being. Seven of the participants participate in organized religion and regularly attend church or temple. Three participants noted that they are spiritual, but do not affiliate with any one religion and do not regularly attend organized religious events.

Most participants stated that their spirituality provides them with a sense of peace and comfort. Caroline no longer attends church on a regular basis but when in the midst

of difficult life events, she turns to the spiritual lessons she learned as a child in Catholic school:

I say ‘God help me through this time.’ I find this helpful to help me feel stronger. I think there is more energy that we give out. ...it is an expression of allowing yourself to not be here...to be connected to another realm....I don’t get lost in it; I go to it sometimes. It can help.

Similarly, Jen also finds herself “relying on the teachings I learned when I grew up” to help her manage the stress she experiences at work or at home.

Allison reported that her participation in a Buddhist meditation group has given her a framework for understanding the psychotherapeutic work she does with clients. She was not raised in a religious household; however, as a young adult, she felt as though something was missing in her life and thus, made the decision to explore diverse religions. During this process, she discovered a personal connection to Buddhist philosophy and, consequently, joined a Buddhist group that meets regularly to meditate and discuss Buddhist ideas. Her involvement in the group has helped her “to round out and deepen” as a person, which in turn, has impacted the way she works as a clinician. For example, Buddhist group members “talk a lot about generosity,” and Allison finds herself referring to this concept in therapy sessions.

Catherine, reported that she does not participate in organized religion, but described her relationship with nature as being spiritual: “My spirituality comes from the joy of seeing beauty in nature. The places I go for vacation are really beautiful scenic spots that fulfill me spiritually and help me feel at peace and make me feel grounded.”

Several participants talked about how certain core spiritual beliefs impact their approach to therapy. One participant stated that the most significant message she has taken away from her rabbi’s sermons is the importance of taking care of others, and for

her, “that is self care.” Caroline finds that her religious beliefs mitigate her anxiety in times of stress: “In a way it helps to say well, this is out of my control, you know; I studied really hard for this licensing exam and it’s not up to me in terms of what they decide. It’s up to God. It does decrease my anxiety.”

Monica maintains the spiritual belief that everything happens for a reason. She finds that this idea influences her work as a therapist:

I believe that there is a purpose to what I am doing spiritually. If I don’t understand the reason at some point, there will be a reason for why things happen the way they do. I advocate self power in times of extreme despair. Okay, there is a Higher Power and I am not in control! This does not minimize the despair, but it gives me some peace.

By relinquishing control to a Higher Power, Monica is better able to cope with her feelings of frustration and disappointment as she tries to help under-resourced families obtain the mental health services they need to function effectively.

Recommendations to Other Early Career Female Psychologists

Participants were asked to provide recommendations to other early career female psychologists regarding self-care and wellness. Many of the recommendations fell within definitive categories; however, participants also provided discrete recommendations and this data is included in this section as well. These recommendations include 1) Prioritize Self-Care, 2) Seek Support from Colleagues, and 3) Continue to Learn.

Prioritize Self-Care

Most participants recommended that early career female psychologists make a concerted effort to prioritize self-care in their lives. They reported that doing so is beneficial for the well-being of both psychologists and clients. For example, Jen stated,

I have seen a generation of females above me who really have a hard time balancing and kind of leaving stuff at home and their work seems to take over their lives. As a result, some of them seem a lot less happy. I guess the only piece of advice I could say really is that it is so important to focus on yourself and prioritize. Don't let your work kind of take over everything else. You need to be a little more balanced and take time for yourself...I haven't been less available for the people I am trying to help.

On a similar note, Catherine suggested that early career female psychologists learn ways to prioritize self-care early in their careers: she believes that setting limits on work obligations and making time for enjoyable activities is crucial to maintaining a sense of wellness: "I often say to mothers of the families I work with, 'You have to put your oxygen mask on first.'"

Caroline believes that it is necessary for early career female psychologists to make a conscious decision to engage in self-care practices and recommended occasional "pampering" and "getting a housekeeper."

During her interview, Dana also talked about the importance of maintaining the work-home balance for female psychologist in the beginning stages of their careers:

It is important to have balance between your personal and professional life—we are revving up; you can see clients, or you have the freedom to not have to do anything if you don't want to--within reason. Enjoy that piece...come home and not do anything related to work; go out and have fun-- enjoy the rewards you have made.

Seek Support from Colleagues

A few participants recommended seeking support from individuals in the profession. Two participants endorsed psychotherapy as beneficial because fellow therapists are able to understand and identify the issues of working with people in the context of psychotherapy. Linda stated, "I always say, 'You have to go to therapy. You cannot be a therapist if you cannot help yourself.'" In addition, Catherine advocated for

weekly peer supervision with trusted colleagues, and Michele recommended discussions with colleagues about the meaning of clinical work: “There is so much emphasis on performance...it is easy to lose that sense of what you want. It would be good to have conversations with practicing psychologists about what it is all about.”

Continue to Learn

Several participants advocated for engaging in continual learning because doing so helps them to stay stimulated and excited about their clinical work. For example, Linda regularly attends conferences on assessment and treatment options for various clinical issues and finds it helpful to have multiple “tools in her toolbox” when working with difficult clients. Linda advises other early career psychologists to also attend conferences and to be open-minded about new approaches to treatment: “I think it is terrific to be well-versed...it’s so unnatural, in my opinion, to be rigid about your work.”

Recommendations for Training Programs and Organizations

Seeking to Promote Self-Care

Participants were also asked to provide recommendations for training programs and local and state psychological organizations wishing to promote self-care and wellness in female psychology students and early career female psychologists. Although no cohesive themes emerged on this topic, the following is a brief list of the participants’ recommendations:

- 1) Encourage limitations.
- 2) Offer a professional development course that addresses the topic of self-care and wellness for graduate students and early career psychologists.
- 3) Facilitate and encourage group processing about balancing work and family with schoolwork and clinical work.
- 4) Better prepare graduate students on how to start and maintain a successful private practice.
- 5) Help students graduate in a timely fashion.
- 6) Get involved in changing the licensing procedure in order to make it less problematic for early career psychologists to obtain their license without delay.
- 7) Promote interaction among students by encouraging socialization and facilitating social events.
- 8) Emphasize the importance of self-care in classes and supervision.
- 9) Encourage students to undergo therapy and consider subsidizing it.
- 10) Monitor the demands of older female students who have families and are making efforts to balance work, school, and family obligations.
- 11) Pressure state and local psychological organizations, and licensing boards to address issues related to female psychologists such as work and family balance.

12) Set up a mentoring system so that female graduate students can consult with seasoned female psychologists about ways to negotiate work and family life.

13) Avoid mixed messages about self-care by encouraging faculty and supervisors to model self-care and maintain a balance between their professional and personal lives.

CHAPTER VI

DISCUSSION

The purpose of this study is to gain a better understanding of how early career, female psychologists practice self-care and wellness. The findings are based on the narrative accounts of ten female psychologists in the beginning stages of their careers, a period when financial debt, limited clinical experience, and the challenges of starting a private practice all create an inordinate amount of stress. All participants recognize the integral role of self-care in their quest to achieve balance and competence as professionals in the field of psychology.

Rather than review all of the themes that emerged from the data (included in the results section), this final chapter will highlight major points of discussion as well as limitations of the study and future implications of the findings. Although the results of the study reflect previous research findings on self-care for all mental health professionals, the data also underscores the unique concerns of the early career female psychologist trying to juggle her professional and personal life.

Connections with Others

The study revealed that the participants value supportive relationships in their professional and personal lives. They find comfort, companionship, and a sense of financial and emotional security in their relationships with colleagues, friends, and family

members. This finding is consistent with the relational perspective, which asserts that connection with others is the single most organizing factor in people's lives (Jordan, 2004, p. 11), and has a profound impact on the psychological well-being of humans. Furthermore, research shows that disconnection from others, especially loved ones, is a common cause of depression in women (Miller, 1986). Conversely, intimate relationships with others reduce stress and promote feelings of wellness, especially in females.

Many women are particularly astute in determining when and from whom to seek support, and have a keen sense of "relational awareness," or the ability to recognize patterns of interaction with others and the impact that these relationships have on psychological health (Jordan, Walker, & Hartling, 2004). During the interviews, all of the participants reported that talking to friends, colleagues, and family members about their problems is a vital part of their emotional self-care. They also noted that communicating their feelings to trusted individuals helps them to process negative emotions and to gain clarity on difficult issues that arise at work and at home. Participants also feel less overwhelmed when friends, family, and colleagues offer assistance with work or household obligations, such as managing clients, taking care of children, cooking dinner, to name a few, because this support counteracts their feelings of isolation.

Boundaries between Professional and Personal Life

Many therapists find working to reduce suffering and promote positive change in others to be extremely gratifying. However, dealing with individuals in crisis can also

exact a heavy emotional toll. Psychologists who provide direct clinical services must manage stressful situations and difficult emotional issues on a daily basis; therefore, it is natural for clinicians to develop a care-giving attachment to their clients and to experience strong urges to “fix” or “rescue” clients from their problems.

During the interviews, many of the participants talked about difficult clinical cases in which the boundaries of the client-therapist relationship were continually tested. Although graduate school professors and supervisors had emphasized the importance of setting boundaries in psychotherapy, it was only when actually working with difficult clients that the interviewees realized the value of firmly established parameters in psychotherapy. Without clear and specific frameworks, many participants felt overwhelmed and consumed by their clients’ problems and lacked the emotional resources necessary to nurture themselves and their personal relationships.

Although all ten participants acknowledged that boundary-setting in clinical work is an important part of their self-care, all have different procedures in dealing with clients. Some participants reported that they only allow sessions to take place face-to-face with clients, and other participants stated that they feel comfortable with phone sessions and communication through e-mail. In addition, some of the participants make a conscious effort to “leave work at the door,” whereas others choose to bring work home. Preferences in work schedules also differ: some participants like the structure of a 9-5 workday while others prefer to work during evening and weekend hours. The ability to delineate some of the conditions of their work experience provides therapists with a measure of control in their lives.

Several participants talked about the impact that technology has had on the boundaries they set with their clients. One participant, a psychologist at a college counseling center, stated that her e-mail address is posted on the university website and, as a result, she receives e-mails from clients on a regular basis. Another participant talked about having clients that contact her on her cellular phone throughout the day. Cellular phones, pagers, and e-mail have had a profound effect on the traditional psychotherapeutic framework, for example a 45-50 minute weekly session that occurs face-to-face in an office.

It can be difficult for psychologists especially for those who are female and just starting their careers, to distance themselves emotionally from clients in distress. Increased means of communication can create a lack of boundaries, creating further stress. In his book, *The Saturated Self*, Gergen (2000) discusses the negative impact that technology has had on authentic relationships: "New technologies make it possible to sustain relationships—either directly or indirectly—with an ever-expanding range of other persons. In many respects we are reaching what can be viewed as a state of social saturation" (p. 3). Gergen's notion of the "saturated self" can be applied to mental health practitioners as well: maintaining relationships with many people is inherent in psychotherapy, but trying to sustain such intimate relationships by e-mail or phone may become cumbersome and emotionally draining for individuals who have difficulty setting boundaries with others. It is important for early career psychologists, especially women who often put the needs of others over their own, to determine their own comfort level when using technology as a means to communicate with clients outside of sessions.

Coping with Guilt

Many of the participants in the study talked about how they try to combat feelings of guilt when engaging in self-care. Although they are aware that self-care is an important part of maintaining a sense of wellness, they struggle with taking time for themselves and spending money on activities that promote wellness. The majority of participants reported that they deal with these guilty feelings by spending time with people who support and facilitate their efforts to engage in self-care. Being with these individuals minimizes feeling of guilt about taking time away from professional or familial duties.

Much of the feminist literature asserts that women have been socialized to put others' needs before their own in order to maintain relationships, and that care-giving among females has become associated with "goodness" (Baber & Allen, 1992). Women who feel as though they are straying from the feminine ideal of "care-taker" are susceptible to feelings of guilt. Gilligan, Lyons, and Hamner (1990) state that "For girls to remain responsive to themselves, they must resist the convention of female goodness" (p.11). Doing so can be a struggle for even the most well-educated women, who, at times, might be tempted to believe that they can "do it all," which means taking care of children, spouses, family, and friends, in addition to maintaining a stimulating career and achieving financial success. Female psychologists may find it even more difficult than other female professionals to break free from the notion of themselves as "caretakers," because their careers are so focused on people who are in distress. As such, it is especially important for female psychologists to give their own needs priority. Although difficult, participants stated that setting boundaries with clients helps reduce feelings of

guilt because they are able to mentally release from the relationship once parameters have been set.

Women who strive to be perfect in all aspects of their lives tend to experience negative feelings when unable to meet the expectations that people and they place upon themselves. The *superwoman phenomenon* (Parker & Drew, 1982) is a term often used in gender literature. Faunce (1990) writes that superwomen are “recognized as great successes professionally, socially, and/or at home” (p. 125); however, these perfectionistic tendencies take an emotional toll on these individuals. For example, research shows that professional women experiencing high levels of stress feel limited control over their environment (Lerner, 1994). Feeling a loss of control is a symptom associated with anxiety and depression, suggesting that women who attempt to “do it all” may be putting themselves at risk for mental health problems. In addition, the ideal of the “perfect mother” contributes to the guilt that many women feel when they choose work over family. According to Eyer (1996) “One of the most consistent warnings from the psycho-pediatric pulpit has been that mothers who work outside the home ‘risk’ damaging their children’s emotional development” (p. 70).

Participants who were mothers talked about ways in which they cope with feelings of guilt that arise in regards to balancing children, work, and alone time. Three participants work from home so that they can spend more time with their children and another participant is taking time off from working as a psychologist in order to stay at home with her baby. In general, these women have created work schedules that are more conducive to balancing their personal and professional lives. Furthermore, the women ask for support from their significant others so that they can focus on their own needs.

For example, one participant asked her husband to watch their baby in the mornings three times a week so that she can go to the gym, an activity which she enjoys and helps to reduce stress.

Pursuing Activities Outside of Psychology

All of the participants reported that pursuing interests outside of work is a vital component of their self-care. They participate in a range of activities including exercise, cooking, meeting with friends, going to concerts, playing musical instruments, as well as others. This finding is consistent with the literature on self-care for mental health practitioners: engaging in activities outside of psychology is a beneficial endeavor (Guy & Norcross, 1998).

Activities focusing on nutrition, exercise, sleep, and relaxation are not only beneficial for emotional health, but physical health as well. For example, several participants stated that exercising helps reduce stress and increases their energy level. Other participants mentioned that practicing meditation, getting massages, and using mindfulness exercises keeps them feeling balanced and calm. Overall, when participants make healthy eating choices and obtain sufficient sleep, they feel better able to cope with the stresses of a demanding work day.

Female Mentors in Psychology

Many of the participants discussed the positive impact that mentors have had on their self-care and reported that they admire psychologists who set boundaries between their professional and personal lives, pursue interests outside of psychology, and spend

time with family and friends. Participants also appreciate when mentors offer guidance on ways to manage career and family life. These findings are consistent with research that demonstrates that mentoring from supervisors or faculty has a positive impact on job satisfaction, confidence, and the career success of graduate students and young professionals (Johnson, 2002).

Although a few participants did talk about male psychologists who have positively influenced their prioritization of self-care, the majority spoke about female psychologists who had served as role models and mentors. Research on gender differences and professional identity has shown that in comparison to men, female mentees prefer a mentoring that has a more relational focus, and which addresses decision-making within the context of their professional and personal lives (Gilbert, 1985; McGowen & Hart, 1990).

In her collection of essays on mentoring for women in professional psychology, Williams-Nickelson (1998) writes about the important role that female mentors serve for female graduate students and other female psychologists:

...the perspective that a female can offer another female is unique and can add richness and complexity to the mentee's repertoire of experiences. My female mentors have been absolutely necessary in helping me to acknowledge the difficulties inherent in navigating the journey of professional identity development. It can be argued that the opportunity for female to female mentoring relationships is essential for the successful professional development of women students. (para. 18)

Female mentors who engage in "multiple relationships" with mentees by sharing personal aspects of their lives and providing strategies for achieving greater balance, serve as powerful models for female psychologists wrestling with decisions related to career and family life.

Limitations of the Study

The primary goal of this study was to provide a descriptive assessment of early career female psychologists' experiences of self-care and their views on wellness. Taking a more open-ended, exploratory approach through the use of interview protocols resulted in research limitations, including recruiting methods, sample size, participant demographics, and researcher bias.

The recruitment methods for the study can be considered a limitation. The researcher used a colleague network approach. Experienced psychologists at Rutgers University identified early career female psychologists who appear to make thoughtful decisions concerning how they balance their professional and personal lives. As a result, about half the participants are residents of New Jersey. However, those agreeing to participate in the study also recommended their colleagues or friends from graduate school who are also early career psychologists, so several of these individuals are from states other than New Jersey. The potential interviewees were then solicited by letter asking them to participate in the study.

The limited recruitment methods resulted in a small sample size, which, although considered appropriate for an in-depth, qualitative analysis of the answers elicited by the research questions, casts some doubt on the validity of extrapolating the findings to early career female psychologists as a group. As such, participants' experiences cannot be generalized to all early career female psychologists. A larger-scale, quantitative approach would shed more light on how this group deals with stress and engages in self-care.

Another limitation of the study relates to participant demographics. The small sample size led to an imbalance regarding the participants' racial, ethnic, and religious backgrounds. The participants included six Caucasians, two Latinas, one African-American, and one Asian-American. Five of the participants were Catholic, one participant was Protestant, one participant was Jewish, and three were not affiliated with any religion.

Researcher bias is another limitation of the study. As an advanced doctoral student in clinical psychology, a soon-to-be early career female psychologist, and the principal investigator in this study, the researcher has a personal interest in the topic. As no prior research existed that specifically examined the relationship between self-care and wellness among early career female psychologists, the researcher designed the interview protocol using Faunce's (1990) conceptualization of self-care for therapists as a guide. The researcher also coded and analyzed the data in order to identify emerging themes. Consequently, a fair amount of researcher bias is to be expected, and this factor may have had an influence on the research protocol, interview process, coding, and interpretation of the results.

Implications for the Field of Psychology

The study points to the importance of female mentoring relationships for graduate students and early career female psychologists. Many professional women find it helpful to surround themselves with other women of the same level of intellect and competence (Kerry & Mayes, 1995). However, research shows that although the majority of psychology graduate students are women, women are at a disadvantage when it comes to

same-gender mentorship due to the fact that most senior faculty members in psychology programs are men (Huntley, Schneider, & Aronson, 2000). Many programs emphasize the importance of expertise in assessment, intervention, and research but fail to address other professional and personal issues. Having a forum to discuss these issues would provide female psychology students would decrease feelings of isolation and stress and increase feelings of efficacy and connectedness to others.

Consequently, training programs should take it upon themselves to implement formal or informal supervision groups which are led by experienced female psychologists and that focus on issues related to women pursuing careers as psychologists. More specifically, groups should address work-family balance, strategies for self-care, licensing, and issues related to work and private practice.

A main priority of state and local organizations in psychology should be the promotion of self-care for female psychology students and early career female psychologist professional through psychoeducation on the benefits associated with self-care. State and local psychological associations should mandate that every psychology graduate program provide a course on self-care and wellness for mental health professionals. Psychological organizations should also disseminate information on self-care to early career female psychologists attending psychological conferences. Pamphlets should include information on self-care strategies, warning signs of distress and impairment, and information on how to obtain help when in distress.

Furthermore, as part of the licensing process, state boards should implement mandatory self-care courses for early career psychologists in order to ensure that professionals entering private practice are aware of the relationship between self-care and

well-functioning. During these sessions, referral sources for support should be distributed. Furthermore, the class should educate early career psychologists on ways to identify the signs of distress and impairment in their colleagues.

Implications for Future Research

This study points to several areas of future research. First, conducting an exploratory study that compares early career male psychologists' self-care practices to those of their female counterparts would help to establish whether significant gender differences exist. As a result, a study of this type would help training programs and psychological organizations determine specific strategies for promoting self-care in early career male and female psychologists.

It would also be valuable to conduct research that examines the self-care practices of female psychologists in various stages of professional development. Comparing strategies for wellness in seasoned psychologists to those employed by early career psychologists would help to shed light on the relationship between age/level of experience on the self-care practices of female psychologists.

A more in-depth exploration of self-care in early career female psychologists who are also mothers would provide insight into this group's unique experiences. There appeared to be disparities between the self-care practices of individuals having children and those who did not. Although motherhood can be rewarding, it is also stressful and time-consuming. Participants with children often referred to the ways that their children impact their self-care; for instance, it came as no surprise that many felt that they had less time for self-care than they did before having children. However, a more revealing

finding of the study was that these participants also viewed time with their children as an essential part of their overall well-being and felt more stress when professional obligations prevented them from spending time with their offspring. Conversely, those participants without children tended to conceptualize self-care in a more traditional manner, such as active involvement in self-soothing activities outside of work.

Although a diverse sample was included in this study, it would be beneficial to carry out research on the role of race and culture on the self-care practices of early career female psychologists. Exploring the ways in which individuals from various demographic backgrounds engage in self-care and view wellness would provide the psychological community with a better understanding of how to promote wellness in female psychologists who are in the beginning stage of the profession.

Conclusion

Above all, the ten participants' reports of their self-care practices and views on wellness underscore the importance of taking care of oneself in the prevention of professional distress and impairment, which, in turn, directly and indirectly affect the quality of care therapists provide for their clients. Female psychologists who are in the early career phase face multiple challenges, and finding ways to balance professional and personal obligations is imperative for these individuals. Because women tend to be relational in nature, focusing on ways to strengthen support and decrease feelings of isolation may be the key to helping early career female psychologists develop emotional strength and resiliency. The participants' narratives serve as a reminder to those in the field of psychology that early career psychologists need additional support from more

experienced colleagues, graduate training programs, and state and local psychological associations. It is the hope of this researcher that these changes will be implemented in the near future so that therapists will be better able to care for themselves—and thus their clients—more effectively.

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APPENDIX A

Letter to Prospective Participants

Study of Self-care and Wellness in Early Career Female Psychologists
Graduate School of Applied and Professional Psychology
Rutgers University
Piscataway, NJ 08854
(201)787-8665

Dear Colleague:

My name is Amanda Martin and I am a doctoral candidate in the Clinical Psychology program at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. I am working on a study entitled, “An Exploratory Study of Self-care and Wellness in Early Career Female Psychologists” in collaboration with Dr. Lew Gantwerk, the Executive Director of the Center for Applied Psychology at GSAPP.

It is my understanding that the period following graduation from a doctoral program can be a challenging time for many psychologists. The early career psychologist is faced with an array of quality of life decisions. Furthermore, professional females often have different choices to make than male counterparts. Yet, there is a lack of research on the topic of self-care and wellness in early career female psychologists. For this reason, I am interested in discussing this issue with female psychologists who mostly work in direct clinical services and have graduated from doctoral programs in psychology within the last seven years (2000-2007). I am requesting an interview of about 90 minutes in length over the course of one meeting. We can meet wherever is most convenient for you-- in your office, home, the Psychology building at Rutgers University or any other private place. I will be taking notes and tape-recording so that no information is lost. The

results of this study will be written up as my dissertation. However, all identifying information, such as your name, job placement, and demographic information will be disguised or withheld. When the study is completed in the spring of 2008, I'll be happy to discuss it with you if you wish.

It is expected that participating in the study will be a rewarding experience. By discussing the choices you've made in regards to self-care, you will be helping to promote wellness among the mental health profession, and more specifically, among other early career female psychologists. If you are interested in participating, please contact me at (201) 787-8665, leave your name and phone number on the answering machine. Or you may also e-mail me at manders7281@yahoo.com. I will contact you within a few days to schedule an interview. I hope this project interests you and I look forward to talking with you further.

Sincerely,

Amanda Martin, Psy.M.

Lew Gantwerk, Psy.D.

APPENDIX B

Invitation to Prospective Study Participants

Are you a female psychologist? Do you work in direct clinical services? Have you graduated from a doctoral program within the last seven years? My name is Amanda Martin and I am a doctoral candidate in Clinical Psychology at the Graduate School of Applied and Professional Psychology (GSAPP), Rutgers University. I am working on a study entitled, “An Exploratory Study of the Self-care and Wellness in Early Career Female Psychologists” in collaboration with Dr. Lew Gantwerk, the Executive Director of the Center for Applied Psychology.

It is my understanding that the period following graduation from a doctoral program can be a challenging time for many psychologists. The early career psychologist is faced with an array of decisions regarding quality of life. Furthermore, professional females often have different self-care choices to make than professional males. Yet, there is a lack of research on the topic of self-care and wellness among early career female psychologists. For this reason, I am interested in discussing this issue with female psychologists who have graduated from doctoral programs in psychology within the last seven years (2000-2007). I am requesting interviews of approximately 90 minutes in length over the course of one meeting. We can meet wherever is most convenient for you-- in your office, home, the Psychology building at Rutgers University or any other private place. No deception will be used and confidentiality will be strictly observed. It is my hope that you will be willing to participate in a study that hopes to further promote wellness among the mental health profession, and more specifically, among early career female psychologists. If you are interested in participating, please contact me at (201)

787-8665 or by e-mail at manders7281@yahoo.com for more information. Feel free to leave your name and number on the answering machine and I will call you back as soon as possible.

APPENDIX C

Participant's Letter of Informed Consent

I, _____, consent to be interviewed in order to contribute to a research project on self-care and wellness in early career female psychologists. The purpose of the study is to better understand the ways in which female psychologists in the early stages of their careers view/practice self-care and wellness. In order to participate in this study, I agree to meet with the interviewer for approximately 90 minutes during one meeting and to answer questions regarding this topic.

I understand the interviewer will make every effort to preserve the confidentiality of my interview. I give permission for the interview to be recorded, and then to be transcribed by the interviewer or a professional transcriber service. I understand that all names and identifying information will be deleted from the hard copy of the interview and that then these transcripts may be reviewed by members of the dissertation committee and included in the final dissertation report or other later publications.

I understand that participation in the research study is voluntary, and that if I wish to withdraw at any time, I may do so without penalty. I also understand that I may choose not to answer any questions that I am asked, and that I may ask that the tape recorder be stopped at any time.

I understand that I may contact the interviewer at the information listed below if I have further questions regarding my participation in the study.

Amanda Martin
Graduate School of Applied and Professional Psychology
Rutgers University
152 Frelinghuysen Road
Piscataway, NJ 08854
(201) 787-8665
manders7281@yahoo.com

I know that if I have any questions about my rights as a research subject, that I may contact the Sponsored Programs Administrator at Rutgers University at:
Rutgers University Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs
3 Rutgers Plaza
New Brunswick, NJ 08901-8559
Tel: 732-932-0150 ext. 2104
Email: humansubjects@orsp.rutgers.edu

This informed consent form was approved by the Rutgers University Institutional Review Board for the Protection of Human Subjects on April 26, 2007; approval of this form expires on April 25, 2008.

I know that I am entitled to a report of the outcomes of this project, and that if I am interested, the interviewer would be glad to summarize the findings or give me a copy of the final dissertation. I understand that I can contact the interviewer listed below if I have any questions regarding my participation in this study.

I will receive a copy of this consent form for my files.

I have read and understood the contents of this letter.

Signature of Participant

Date

Signature of Interviewer

Date

This informed consent form was approved by the Rutgers University Institutional Review Board for the Protection of Human Subjects on April 26, 2007; approval of this form expires on April 25, 2008.

APPENDIX D

Semi-structured Interview

Demographic Information

Age:

Occupation & job title:

Number of hours work per week:

Race/ethnicity:

Religious background:

Relationship status: married, partnered, divorced, in a relationship, single

Parental status: parent (number of children ____), non-parent

Emotional Self-care

Initial Statement: I am interested in the topic of self-care and wellness among early career female psychologists. By wellness, I mean the ways in which individuals foster the emotional, physical, creative, cognitive and spiritual parts of themselves. This is unique for each individual, so please keep that in mind as you consider the following questions

- Being a clinical psychologist can be an emotionally intense profession, I am interested in learning about how you handle the intensity of this type of work. Can you tell me something about how you've been able to manage this?
 - What decisions have you had to make regarding self-care?
 - Do you value alone time for yourself and if so, how do you spend this time?

- Another thing I'm interested in is personal relationships; can you tell me something about the nature of your personal relationships and the impact they have on your ability to practice self-care?
 - Family?
 - Children?
 - Friends?
- Helping professionals feel many different ways when they engage in self-care activities; can you say something about any negative/positive feelings you've experienced as a result of trying to balance your professional and personal life?
 - How do your colleagues respond to you when you prioritize your personal life over professional obligations?
 - Do you experience any feelings of guilt when choosing your own needs over the needs of others at work or home?
- Can you say something about any past or present role models or mentors that you've had and how these people have impacted your professional identity?
- Have you ever undergone a period of intense distress in your career thus far? How did you cope?
- In general, how do you cope with the stresses of the job, and the intense feelings that may arise when engaged in psychotherapy?
- As a female working in the profession, how has it been for you to get your needs met in the workplace?
 - Are you able to act in an assertive manner? Any negative reactions?

- Some people tend to take their work home with them and others “leave it at the door.” Which of these two options do you lean towards?
- Can you please talk about some of the ways in which you’ve established boundaries with more difficult clients?
 - Have you ever been emotionally “over-involved” with a client? What was this situation like and how did you handle it?
 - How do you maintain adequate boundaries with self/others?

Physical Self-care

- I am also interested in understanding the physical self-care of female psychologists. Can you say something about whether you have time and energy to maintain an active lifestyle at this point in your career, and if so how are you able to do so?
 - What kinds of activities do you engage in?
 - What is your eating schedule like-- regular, erratic, nutritious?
 - On average, are you able to get sufficient amounts of sleep? Do you think about cases or work before you go to sleep or when you are lying in bed at night?
 - Are you currently in a romantic relationship and if so, how would describe the ways in which you find time for intimacy with your significant other?
 - Are there specific strategies you use to relax?
 - Do you ever take breaks at work? If so, how often and what do you do on these breaks?
- Have you ever worked when feeling ill? What were the circumstances?

- Is it easy or difficult for you to make and keep doctors appointments? Why?

Self-care Through Play

- The concept of self-care through play refers to the ways in which female psychologists are able to stimulate the creative, playful sides of their personalities through such pursuits as attending artistic events or going on vacation...can you please say something about the ways in which you develop the more creative and imaginative side of yourself?
 - Do you attend artistic events (e.g. theater, concerts)?
 - Listen to music?
 - How often do you go on vacation? Do you feel differently when you arrive home?
 - Do you find that you have available time to meet/dine with friends as much as you'd like?
 - How much of your personal life do you spend with family members?
 - What other types of activities or hobbies do you engage in?

Cognitive Self-care

- Some psychologists feel that stimulation of the mind through professional activities and personal therapy helps them to feel more connected to the profession. Can you please talk about any personal or professional activities that have contributed to your intellectual growth as a psychologist?
 - Do you find that you are able to ask for help?
 - Do you go to therapy?

- Are you conscious about making decisions regarding self-care? Can you say more about this?
- Are you able to explore/discuss your professional and personal choices as well as your feelings regarding these choices with colleagues?
- Do you receive professional supervision? What is this experience like?
- Do you attend professional functions on a regular basis (e.g. conferences)?
How do you feel at work after attending these events?
- Do you participate in community events?
- How does engagement in these activities affect you?

Spiritual Self-care

- Can you please say something about whether or not you are spiritual and if so, discuss ways in which this belief system affects the way you make decisions or live your life?
 - Does your spirituality give you a sense of comfort/peace or is it a source of stress?

General Questions, etc.

- I am very interested in understanding your observations of other early career female psychologists. Can you please say something about this group of individuals in terms of their ability to practice self-care and wellness?
 - What do you think some of the challenges are that face early career psychologists and what are some of the ways in which the field can help individuals cope with these situations?
 - Do you think that your female colleagues prioritize self-care and wellness?

- From your experience, what are your opinions of the differences between male and female practitioners in the way that they prioritize self-care strategies in their professional and personal lives?
- How can training programs better promote self-care for females planning professional careers as psychologists?
- Do you have any recommendations for other early career female therapists in regards to self-care? Any suggestions or comments regarding this topic?
- Is there anything I didn't ask about that you think is relevant to the topic of wellness and self-care in early career female psychologists?